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DAY KIMBALL HOS				
TWELVE MONTHS ACTU				
FISCAL YEAR REPORT 100 - HOSPITAL BALANCE		ATION		
			(=)	
1) (2)	(3) FY 2011	(4) FY 2012	(5) AMOUNT	(6) %
<u>DESCRIPTION</u>	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE
I. ASSETS				
A. Current Assets:				
1 Cash and Cash Equivalents	\$2,168,500	\$2,156,339	(\$12,161)	-1%
2 Short Term Investments	\$8,537,281	\$6,363,563	(\$2,173,718)	-25%
3 Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$11,823,463	\$12,743,539	\$920,076	8%
4 Current Assets Whose Use is Limited for Current Liabilities	\$431,679	\$324,188	(\$107,491)	-25%
5 Due From Affiliates	\$2,656,511	\$5,368,355	\$2,711,844	102%
6 Due From Third Party Payers	\$0	\$2,645,109	\$2,645,109	0%
7 Inventories of Supplies	\$2,339,159	\$1,980,560	(\$358,599)	-15%
8 Prepaid Expenses	\$0	\$301,350	\$301,350	0%
9 Other Current Assets	\$812,220	\$1,534,648	\$722,428	89%
Total Current Assets	\$28,768,813	\$33,417,651	\$4,648,838	16%
B. Noncurrent Assets Whose Use is Limited:				
1 Held by Trustee	\$3,774,294	\$4,310,243	\$535,949	14%
2 Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3 Funds Held in Escrow	\$1,292,238	\$1,292,108	(\$130)	0%
4 Other Noncurrent Assets Whose Use is Limited	\$4,643,471	\$6,150,091	\$1,506,620	32%
Total Noncurrent Assets Whose Use is Limited:	\$9,710,003	\$11,752,442	\$2,042,439	21%
5 Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6 Long Term Investments	\$11,533,794	\$15,338,235	\$3,804,441	33%
7 Other Noncurrent Assets	\$618,684	\$541,087	(\$77,597)	-13%
C. Net Fixed Assets:				
Property, Plant and Equipment	\$98,357,863	\$100,821,888	\$2,464,025	3%
2 Less: Accumulated Depreciation	\$64,431,275	\$67,985,808	\$3,554,533	6%
Property, Plant and Equipment, Net	\$33,926,588	\$32,836,080	(\$1,090,508)	-3%
3 Construction in Progress	\$2,510,153	\$3,849,846	\$1,339,693	53%
Total Net Fixed Assets	\$36,436,741	\$36,685,926	\$249,185	1%
Total Assets	\$87,068,035	\$97.735.341	\$10,667,306	12%
Total Assets		\$87,068,035	\$87,068,035 \$97,735,341	\$87,068,035 \$97,735,341 \$10,667,306

	DAY KIMBA	ALL HOSPITAL					
	TWELVE MONTI	HS ACTUAL FILING					
	FISCA	L YEAR 2012					
	REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2)	(3)	(4)	(5)	(6)		
LINE		FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE		
LINE	DESCRIPTION	ACTORE	ACTUAL	DIFFERENCE	DIFFERENCE		
II.	LIABILITIES AND NET ASSETS						
Α.	Current Liabilities:						
1	Accounts Payable and Accrued Expenses	\$4,934,781	\$6,961,922	\$2,027,141	41%		
2	Salaries, Wages and Payroll Taxes	\$1,154,981	\$1,268,378	\$113,397	10%		
3	Due To Third Party Payers	\$165,119	\$0	(\$165,119)	-100%		
4	Due To Affiliates	\$0	\$0	\$0	0%		
5	Current Portion of Long Term Debt	\$752,175	\$767,324	\$15,149	2%		
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%		
7	Other Current Liabilities	\$8,538,881	\$7,935,558	(\$603,323)	-7%		
	Total Current Liabilities	\$15,545,937	\$16,933,182	\$1,387,245	9%		
В.	Long Term Debt:						
1	Bonds Payable (Net of Current Portion)	\$17,263,764	\$16,517,550	(\$746,214)	-4%		
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%		
	Total Long Term Debt	\$17,263,764	\$16,517,550	(\$746,214)	-4%		
3	Accrued Pension Liability	\$29,499,800	\$36,868,659	\$7,368,859	25%		
4	Other Long Term Liabilities	\$0	\$0	\$0	0%		
·	Total Long Term Liabilities	\$46,763,564	\$53,386,209	\$6,622,645	14%		
	-						
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%		
C.	Net Assets:						
1	Unrestricted Net Assets or Equity	\$16,542,725	\$16,901,258	\$358,533	2%		
2	Temporarily Restricted Net Assets	\$4,585,588	\$6,307,797	\$1,722,209	38%		
3	Permanently Restricted Net Assets	\$3,630,221	\$4,206,895	\$576,674	16%		
	Total Net Assets	\$24,758,534	\$27,415,950	\$2,657,416	11%		
	Total Liabilities and Net Assets	\$87,068,035	\$97,735,341	\$10,667,306	12%		

	DAY KIMBA	ALL HOSPITAL					
	TWELVE MONT	HS ACTUAL FILING					
	FISCA	AL YEAR 2012					
	REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION						
(1)	(2)	(3)	(4)	(5)	(6)		
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE		
	<u></u>		<u> </u>	<u>DITT ETCENOL</u>	<u> </u>		
Α.	Operating Revenue:						
1	Total Gross Patient Revenue	\$183,998,961	\$212,323,722	\$28,324,761	15%		
2	Less: Allowances	\$77,152,173	\$98,208,289	\$21,056,116	27%		
3	Less: Charity Care	\$446,519	\$710,098	\$263,579	59%		
	Less: Other Deductions	\$440,319	\$7 10,098	\$203,379	0%		
	Total Net Patient Revenue	\$106,400,269	\$113,405,335	\$7,005,066	7%		
5	Other Operating Revenue	\$3,673,638	\$6,224,434	\$2,550,796	69%		
6	Net Assets Released from Restrictions	\$320,636	\$314.624	(\$6,012)	-2%		
	Total Operating Revenue	\$110,394,543	\$119,944,393	\$9,549,850	9%		
	Total Operating North and	ψ110,004,040	Ψ110,044,000	ψ5,545,555	370		
В.	Operating Expenses:						
1	Salaries and Wages	\$49,630,665	\$51,043,061	\$1,412,396	3%		
2	Fringe Benefits	\$15,747,898	\$17,410,102	\$1,662,204	11%		
3	Physicians Fees	\$2,639,539	\$2,826,039	\$186,500	7%		
4	Supplies and Drugs	\$13,420,369	\$14,105,353	\$684,984	5%		
5	Depreciation and Amortization	\$4,627,959	\$4,830,289	\$202,330	4%		
6	Bad Debts	\$3,435,180	\$3,538,140	\$102,960	3%		
7	Interest	\$917,695	\$1,028,742	\$111,047	12%		
8	Malpractice	\$1,032,229	\$305,901	(\$726,328)	-70%		
9	Other Operating Expenses	\$16,985,283	\$20,153,802	\$3,168,519	19%		
	Total Operating Expenses	\$108,436,817	\$115,241,429	\$6,804,612	6%		
	Income/(Loss) From Operations	\$1,957,726	\$4,702,964	\$2,745,238	140%		
C.	Non-Operating Revenue:						
1	Income from Investments	\$100,872	\$105,171	\$4,299	4%		
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%		
3	Other Non-Operating Gains/(Losses)	\$1,232,532	\$378,796	(\$853,736)	-69%		
	Total Non-Operating Revenue	\$1,333,404	\$483,967	(\$849,437)	-64%		
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,291,130	\$5,186,931	\$1,895,801	58%		
	Other Adjustments:						
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%		
	All Other Adjustments	\$0	\$0	\$0	0%		
	Total Other Adjustments	\$0	\$0	\$0	0%		
	Excess/(Deficiency) of Revenue Over Expenses	\$3,291,130	\$5,186,931	\$1,895,801	58%		
	Principal Payments	\$560,000	\$590,000	\$30,000	5%		

REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
l.	GROSS REVENUE BY PAYER				
	CROOS REVENSE BIT ATER				
A.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$25,583,389	\$25,275,273	(\$308,116)	-1%
2	MEDICARE MANAGED CARE	\$4,198,276	\$4,964,669	\$766,393	18%
3	MEDICAID	\$6,051,925	\$12,883,566	\$6,831,641	113%
4	MEDICAID MANAGED CARE	\$4,023,604	\$1,166,796	(\$2,856,808)	-71%
5	CHAMPUS/TRICARE	\$236,963	\$323,493	\$86,530	37%
6	COMMERCIAL INSURANCE	\$14,641,790	\$14,446,190	(\$195,600)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0 (\$130.561)	0% -38%
9	WORKER'S COMPENSATION SELF- PAY/UNINSURED	\$342,212 \$769,040	\$211,651 \$989,974	(\$130,561) \$220,934	-38% 29%
10	SAGA	\$769,040	\$909,974 \$0	\$220,934	0%
11	OTHER	\$0	\$0 \$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$55,847,199	\$60,261,612	\$4,414,413	8%
B.	OUTPATIENT GROSS REVENUE	ψου,υ-1,100	ψ00,201,012	Ψ+,+1+,+10	070
1	MEDICARE TRADITIONAL	\$34,434,684	\$40,270,983	\$5,836,299	17%
2	MEDICARE MANAGED CARE	\$6,747,572	\$10,676,194	\$3,928,622	58%
3	MEDICAID	\$11,246,097	\$24,985,129	\$13,739,032	122%
4	MEDICAID MANAGED CARE	\$12,864,599	\$4,883,888	(\$7,980,711)	-62%
5	CHAMPUS/TRICARE	\$1,117,683	\$1,203,246	\$85,563	8%
6	COMMERCIAL INSURANCE	\$57,321,963	\$64,478,025	\$7,156,062	12%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,569,500	\$1,910,671	\$341,171	22%
9	SELF- PAY/UNINSURED	\$2,849,694	\$3,653,944	\$804,250	28%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$128,151,792	\$152,062,080	\$23,910,288	19%
	TOTAL GROSS REVENUE				1
1_	MEDICARE TRADITIONAL	\$60,018,073	\$65,546,256	\$5,528,183	9%
2	MEDICARE MANAGED CARE	\$10,945,848	\$15,640,863	\$4,695,015	43%
3	MEDICAID	\$17,298,022	\$37,868,695	\$20,570,673	119%
4	MEDICAID MANAGED CARE	\$16,888,203	\$6,050,684	(\$10,837,519)	
5	CHAMPUS/TRICARE	\$1,354,646	\$1,526,739	\$172,093	13%
6	COMMERCIAL INSURANCE	\$71,963,753	\$78,924,215	\$6,960,462	10%
7 8	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
_	WORKER'S COMPENSATION	\$1,911,712	\$2,122,322	\$210,610	
	SELF- PAY/UNINSURED SAGA	\$3,618,734	\$4,643,918	\$1,025,184 \$0	28% 0%
10	OTHER	\$0 \$0	\$0 \$0	\$0 \$0	0%
	TOTAL GROSS REVENUE	\$183,998,991	\$212,323,692	\$28,324,701	15%
		Ţ:::, ;::: ,:::	, -,,		
II.	NET REVENUE BY PAYER				
A.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$17,140,975	\$14,464,428	(\$2,676,547)	-16%
2	MEDICARE MANAGED CARE	\$2,380,959	\$2,535,972	\$155,013	7%
3	MEDICAID	\$3,002,787	\$6,497,085	\$3,494,298	116%
4	MEDICAID MANAGED CARE	\$1,975,639	\$231,448	(\$1,744,191)	-88%
5	CHAMPUS/TRICARE	\$102,259	\$89,377	(\$12,882)	-13%
6	COMMERCIAL INSURANCE	\$9,428,217	\$7,697,903	(\$1,730,314)	-18%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$196,775	\$177,332	(\$19,443)	-10%
9	SELF- PAY/UNINSURED	\$41,964	\$50,127	\$8,163	19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
	, ,	FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$34,269,575	\$31,743,672	(\$2,525,903)	-7%
В.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$15,494,227	\$17,905,080	\$2,410,853	16%
2	MEDICARE MANAGED CARE	\$3,505,569	\$4,425,039	\$919,470	26%
3	MEDICAID	\$5,015,054	\$11,068,348	\$6,053,294	121%
4	MEDICAID MANAGED CARE	\$5,286,519	\$1,222,951	(\$4,063,568)	-77%
5	CHAMPUS/TRICARE	\$515,570	\$478,311	(\$37,259)	-7%
6	COMMERCIAL INSURANCE	\$36,064,281	\$40,078,610	\$4,014,329	11%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,244,045	\$1,551,767	\$307,722	25%
9	SELF- PAY/UNINSURED	\$128,404	\$150,941	\$22,537	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$67,253,669	\$76,881,047	\$9,627,378	14%
	TOTAL NET REVENUE				T
1		\$32,635,202	\$32,369,508		
2	MEDICARE MANAGED CARE	\$5,886,528	\$6,961,011	\$1,074,483	18%
3		\$8,017,841	\$17,565,433	\$9,547,592	119%
4	MEDICAID MANAGED CARE	\$7,262,158	\$1,454,399	(\$5,807,759)	-80%
5	CHAMPUS/TRICARE	\$617,829	\$567,688	(\$50,141)	
6		\$45,492,498	\$47,776,513	\$2,284,015	5%
7		\$0	\$0	\$0	0%
8		\$1,440,820	\$1,729,099	\$288,279	20%
9	SELF- PAY/UNINSURED	\$170,368	\$201,068	\$30,700	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$101,523,244	\$108,624,719	\$7,101,475	7%
l	OTATIOTICS BY BAYER				
III.	STATISTICS BY PAYER	1			
Α.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,047	1,865	(182)	-9%
2	MEDICARE MANAGED CARE	321	343	22	7%
3	MEDICAID	647	1,318	671	104%
4	MEDICAID MANAGED CARE	593	109	(484)	-82%
5	CHAMPUS/TRICARE	32	37	5	16%
6	COMMERCIAL INSURANCE	1,453	1,343	(110)	-8%
7	NON-GOVERNMENT MANAGED CARE	0	0	(110)	0%
8	WORKER'S COMPENSATION	20	11	(9)	-45%
9	SELF- PAY/UNINSURED	69	71	2	3%
10	SAGA	09	0	0	0%
11	OTHER	0	0	0	0%
†	TOTAL DISCHARGES	5,182	5,097	(85)	-2%
В.	PATIENT DAYS	3,.32	5,551	(30)	
1	MEDICARE TRADITIONAL	8,250	7,647	(603)	-7%
2	MEDICARE MANAGED CARE	1,278	1,306	28	2%
3	MEDICAID	2,807	4,803	1,996	71%
4	MEDICAID MANAGED CARE	1,376	328	(1,048)	-76%
5	CHAMPUS/TRICARE	86	84	(2)	-2%
6	COMMERCIAL INSURANCE	4,385	4,097	(288)	-7%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	53	27	(26)	-49%
9	SELF- PAY/UNINSURED	183	192	9	5%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
F		18,418	18,484	66	0%
	I TOTAL PATIENT DAYS	10.410			
C.	TOTAL PATIENT DAYS OUTPATIENT VISITS	10,410	10,404	00	078

REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
1	MEDICARE TRADITIONAL	105,221	108,239	3,018	3%
2	MEDICARE MANAGED CARE	14,251	16,278	2,027	14%
3	MEDICAID	30,372	55,544	25,172	83%
4	MEDICAID MANAGED CARE	37,304	13,157	(24,147)	-65%
5	CHAMPUS/TRICARE	3,199	2,788	(411)	-13%
6	COMMERCIAL INSURANCE	132,336	122,231	(10,105)	-8%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	2,268	2,209	(59)	-3%
9	SELF- PAY/UNINSURED	7,027	7,734	707	10%
10	SAGA	0	0	0	0%
11	OTHER TOTAL CUITPATIENT WOLFS	0	0	0	0%
	TOTAL OUTPATIENT VISITS	331,978	328,180	(3,798)	-1%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				Г
Α.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVI	ENUE			
1	MEDICARE TRADITIONAL	\$5,726,443	\$6,248,953	\$522,510	9%
2	MEDICARE MANAGED CARE	\$898,116	\$1,378,427	\$480,311	53%
3	MEDICAID	\$3,704,816	\$8,285,258	\$4,580,442	124%
4	MEDICAID MANAGED CARE	\$3,917,024	\$1,293,466	(\$2,623,558)	-67%
5	CHAMPUS/TRICARE	\$238,357	\$292,111	\$53,754	23%
6	COMMERCIAL INSURANCE	\$8,945,109	\$10,186,146	\$1,241,037	14%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$469,486	\$495,383	\$25,897	6%
9	SELF- PAY/UNINSURED	\$1,577,855	\$2,272,791	\$694,936	44%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$242,884	\$0	(\$242,884)	-100%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$25,720,090	\$30,452,535	\$4,732,445	18%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENU		+++++++++++++++++++++++++++++++++++++	V 1,1 02,1 10	1070
1	MEDICARE TRADITIONAL	\$2,010,316	\$1,802,182	(\$208,134)	-10%
2	MEDICARE MANAGED CARE	\$450,035	\$415,739	(\$34,296)	-8%
3	MEDICAID	\$1,076,751	\$2,427,252	\$1,350,501	125%
4	MEDICAID MANAGED CARE	\$1,400,829	\$0	(\$1,400,829)	-100%
5	CHAMPUS/TRICARE	\$101,330	\$109,892	\$8,562	8%
6	COMMERCIAL INSURANCE	\$6,544,306	\$6,941,187	\$396,881	6%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$386,270	\$431,946	\$45,676	12%
9	SELF- PAY/UNINSURED	\$96,452	\$117,083	\$20,631	21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER TOTAL EMERGENCY DEPARTMENT OUTPATIENT	\$82,638	\$0	(\$82,638)	-100%
	NET REVENUE	\$12,148,927	\$12,245,281	\$96,354	1%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS	+ 1-, 1.0,0=1	+	400,004	. 70
1	MEDICARE TRADITIONAL	4,067	3,996	(71)	-2%
2	MEDICARE MANAGED CARE	652	807	155	24%
3	MEDICAID	3,523	7,600	4,077	116%
4	MEDICAID MANAGED CARE	5,355	1,343	(4,012)	-75%
5	CHAMPUS/TRICARE	284	278	(6)	-2%
6	COMMERCIAL INSURANCE	9,037	8,211	(826)	-9%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	685	620	(65)	-9%
9	SELF- PAY/UNINSURED	1,681	1,871	190	11%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	05.004	04.700	(550)	60/
	VISITS	25,284	24,726	(558)	-2%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
1.	OF ERATING EXI ENGE BT CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$16,321,836	\$16,633,835	\$311,999	2%
2	Physician Salaries	\$4,033,097	\$3,748,829	(\$284,268)	-7%
3	Non-Nursing, Non-Physician Salaries	\$29,275,732	\$30,660,397	\$1,384,665	5%
	Total Salaries & Wages	\$49,630,665	\$51,043,061	\$1,412,396	3%
В.	Fringe Benefits:	ФГ 470 040	ФГ 070 F70	¢404 cao	400/
2	Nursing Fringe Benefits Physician Fringe Benefits	\$5,178,948 \$1,267,584	\$5,673,578 \$1,278,675	\$494,630 \$11,091	10% 1%
3	Non-Nursing, Non-Physician Fringe Benefits	\$9,301,366	\$10,457,849	\$1,156,483	12%
	Total Fringe Benefits	\$15,747,898	\$17,410,102	\$1,662,204	11%
	Total Timge Benefits	ψ10,1 11,000	\$11,110,102	Ψ1,002,201	1170
C.	Contractual Labor Fees:				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$2,639,539	\$2,826,039	\$186,500	7%
3	Non-Nursing, Non-Physician Fees	\$4,684,014	\$4,598,954	(\$85,060)	-2%
	Total Contractual Labor Fees	\$7,323,553	\$7,424,993	\$101,440	1%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$8,982,454	\$7,995,227	(\$987,227)	-11%
2	Pharmaceutical Costs Total Medical Supplies and Pharmaceutical Cost	\$4,437,915	\$6,110,126	\$1,672,211	38% 5%
	Total Medical Supplies and Pharmaceutical Cost	\$13,420,369	\$14,105,353	\$684,984	3%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$2,170,363	\$2,401,390	\$231,027	11%
2	Depreciation-Equipment	\$2,379,998	\$2,351,301	(\$28,697)	-1%
3	Amortization	\$77,598	\$77,598	\$0	0%
	Total Depreciation and Amortization	\$4,627,959	\$4,830,289	\$202,330	4%
F.	Bad Debts:				
1	Bad Debts	\$3,435,180	\$3,538,140	\$102,960	3%
G.	Interest Expense:		•		
1	Interest Expense	\$917,695	\$1,028,742	\$111,047	12%
Н.	Malpractice Insurance Cost:				
1 1	Malpractice Insurance Cost	\$1,032,229	\$305,901	(\$726,328)	-70%
- 1	imalpractice insurance cost	\$1,032,229	φ303,901	(\$720,320)	-70/0
I.	Utilities:				
1	Water	\$63,756	\$79,146	\$15,390	24%
2	Natural Gas	\$412,077	\$402,286	(\$9,791)	-2%
3	Oil	\$6,403	\$32,667	\$26,264	410%
4	Electricity	\$1,119,552	\$1,153,562	\$34,010	3%
5	Telephone	\$588,908	\$533,417	(\$55,491)	-9%
6	Other Utilities	\$2,783	\$301	(\$2,482)	-89%
	Total Utilities	\$2,193,479	\$2,201,379	\$7,900	0%
-	Rusinose Evnansos:				
J .	Business Expenses: Accounting Fees	\$198,915	\$130,030	(\$68,885)	-35%
2	Legal Fees	\$307,714	\$657,828	\$350,114	114%
3	Consulting Fees	\$529,644	\$539,958	\$10,314	2%
4	Dues and Membership	\$340,156	\$331,633	(\$8,523)	-3%
5	Equipment Leases	\$372,925	\$911,228	\$538,303	144%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$1,441,204	\$1,037,796	(\$403,408)	-28%
8	Insurance	\$352,278	\$1,074,818	\$722,540	205%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
9	Travel	\$281,308	\$353,039	\$71,731	25%
10	Conferences	\$46,139	\$48,418	\$2,279	5%
11	Property Tax	\$79,053	\$55,588	(\$23,465)	-30%
12	General Supplies	\$527,941	\$489,191	(\$38,750)	-7%
13	Licenses and Subscriptions	\$68,077	\$63,424	(\$4,653)	-7%
14	Postage and Shipping	\$104,410	\$127,047	\$22,637	22%
15	Advertising	\$261,492	\$404,327	\$142,835	55%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$2,348,070	\$2,348,070	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0 \$0	\$634,182	\$634,182	0%
20 21	Lab Fees / Red Cross charges Billing & Collection / Bank Fees	\$0 \$0	\$1,243,618 \$644,431	\$1,243,618 \$644,431	0% 0%
22	Recruiting / Employee Education & Recognition	\$0 \$0	\$78,878	\$78,878	0%
23	Laundry / Linen	\$0 \$0	\$18,992	\$18,992	0%
24	Professional / Physician Fees	\$0 \$0	\$0	\$0	0%
25	Waste disposal	\$0	\$116,198	\$116,198	0%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$4,911,256	\$11,308,694	\$6,397,438	130%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$5,196,534	\$2,044,775	(\$3,151,759)	-61%
	Total Operating Expenses - All Expense Categories*	\$108,436,817	\$115,241,429	\$6,804,612	6%
II.	OPERATING EXPENSE BY DEPARTMENT				
111.	OFERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$6,298,028	\$6,950,126	\$652,098	10%
2	General Accounting	\$1,027,926	\$1,018,284	(\$9,642)	-1%
3	Patient Billing & Collection	\$2,382,386	\$2,856,830	\$474,444	20%
4	Admitting / Registration Office	\$0	\$0	\$0	0%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$632,277	\$662,695	\$30,418	5%
7	Personnel Public Palations	\$0	\$0	\$0	0%
8 9	Public Relations	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
10	Purchasing Dietary and Cafeteria	\$1,815,365	\$1,878,821	\$63,456	3%
11	Housekeeping	\$1,015,937	\$979,263	(\$36,674)	-4%
12	Laundry & Linen	\$0	\$18,992	\$18,992	0%
13	Operation of Plant	\$3,181,009	\$3,188,681	\$7,672	0%
14	Security	\$419,951	\$441,145	\$21,194	5%
15	Repairs and Maintenance	\$1,035,825	\$1,195,715	\$159,890	15%
16	Central Sterile Supply	\$272,114	\$266,169	(\$5,945)	-2%
17	Pharmacy Department	\$4,908,954	\$6,542,318	\$1,633,364	33%
18	Other General Services	\$1,896,407	\$2,132,851	\$236,444	12%
	Total General Services	\$24,886,179	\$28,131,890	\$3,245,711	13%
D	Professional Services				
В.	Professional Services:	#00 040	ФОО 40.4	/#4 O4O\	401
2	Medical Care Administration Residency Program	\$83,646 \$0	\$82,434 \$0	(\$1,212) \$0	-1% 0%
3	Nursing Services Administration	\$1,076,808	\$1,143,628	\$66,820	6%
<u> </u>	Medical Records	\$1,088,612	\$1,173,626	\$85,082	8%
+	INICUICAI INECUIUS	ψ1,000,012	ψ1,173,094	φυJ,UOZ	0 70

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$134,618	\$131,714	(\$2,904)	-2%
	Total Professional Services	\$2,383,684	\$2,531,470	\$147,786	6%
	Total Totoccional Colvidos	\$2,000,00 !	\$2,001,110	ψ1.11,1.00	370
C.	Special Services:				
1	Operating Room	\$4,766,072	\$4,837,641	\$71,569	2%
2	Recovery Room	\$434,949	\$454,976	\$20,027	5%
3	Anesthesiology	\$76,733	\$107,483	\$30,750	40%
4	Delivery Room	\$1,251,300	\$1,319,953	\$68,653	5%
5	Diagnostic Radiology	\$2,537,875	\$2,344,859	(\$193,016)	-8%
6	Diagnostic Ultrasound	\$805,483	\$868,057	\$62,574	8%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$560,260	\$488,168	(\$72,092)	-13%
9	CT Scan	\$646,320	\$648,236	\$1,916	0%
10	Laboratory	\$5,788,306	\$5,805,036	\$16,730	0%
11	Blood Storing/Processing	\$359,867	\$354,117	(\$5,750)	-2%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$462,256	\$491,338	\$29,082	6%
14	Electroencephalography	\$88,326	\$124,201	\$35,875	41%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$698,881	\$677,807	(\$21,074)	-3%
19 20	Pulmonary Function Intravenous Therapy	\$0 \$344,687	\$0	\$0 \$18,346	0%
21	Shock Therapy	\$344,667	\$363,033 \$0	<u>\$10,346</u> \$0	5% 0%
22	Psychiatry / Psychology Services	\$0	\$0 \$0	\$0 \$0	0%
23	Renal Dialysis	\$0	\$0 \$0	\$0 \$0	0%
24	Emergency Room	\$3,444,267	\$3,574,946	\$130,679	4%
25	MRI	\$1,496,546	\$1,754,028	\$257,482	17%
26	PET Scan	\$195,985	\$212,451	\$16,466	8%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$758,572	\$758,572	0%
29	Sleep Center	\$415,892	\$452,771	\$36,879	9%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$267,590	\$278,280	\$10,690	4%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,027,160	\$1,273,110	\$245,950	24%
	Total Special Services	\$25,668,755	\$27,189,063	\$1,520,308	6%
	D (1) D (1)				
D.	Routine Services:	Ø0 000 000	#0.404.00 4	# 000 400	601
1	Medical & Surgical Units	\$3,223,203	\$3,491,631	\$268,428	8%
2	Intensive Care Unit	\$2,430,087	\$2,470,784	\$40,697	2%
3	Coronary Care Unit	\$0	\$0 \$2,422,770	\$0 \$101.657	0%
4	Psychiatric Unit	\$2,022,121	\$2,123,778	\$101,657	5%
5	Pediatric Unit	\$0 \$448,171	\$0 \$456.063	\$0	0%
6 7	Maternity Unit		\$456,063 \$440,500	\$7,892 \$51,831	2%
8	Newborn Nursery Unit Neonatal ICU	\$397,759 \$0	\$449,590 \$0	\$51,831 \$0	13% 0%
9	Rehabilitation Unit	\$2,354,524	\$2,432,552	\$78,028	3%
10	Ambulatory Surgery	\$1,799,050	\$1,197,079	(\$601,971)	-33%
11	Home Care	\$5,196,012	\$6,037,295	\$841,283	16%
	I IOITIE GAIE	φ3,190,012	φυ,υ31,∠95	φ041,203	10%

	DAY K	(IMBALL HOSPITAL						
	TWELVE M	ONTHS ACTUAL FILING						
	FISCAL YEAR 2012							
	REPORT 185 - HOSPITAL FINA	ANCIAL AND STATISTICAL D	DATA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
IINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012				
LINE	<u>DESCRIPTION</u>		11 2011	112012				
A.	Statement of Operations Summary							
1	Total Net Patient Revenue	\$100,651,954	\$ 106,400,269	\$113,405,335				
2	Other Operating Revenue	3,279,958	3,994,274	6,539,058				
3	Total Operating Revenue	\$103,931,912	\$110,394,543	\$119,944,393				
4	Total Operating Expenses	100,411,939	108,436,817	115,241,429				
5	Income/(Loss) From Operations	\$3,519,973	\$1,957,726	\$4,702,964				
6	Total Non-Operating Revenue	607,272	1,333,404	483,967				
7	Excess/(Deficiency) of Revenue Over Expenses	\$4,127,245	\$3,291,130	\$5,186,931				
В.	Profitability Summary	0.000						
1	Hospital Operating Margin	3.37%	1.75%	3.91%				
2	Hospital Non Operating Margin	0.58%	1.19%	0.40%				
3	Hospital Total Margin	3.95%	2.95%	4.31%				
4	Income/(Loss) From Operations	\$3,519,973	\$1,957,726	\$4,702,964				
5	Total Operating Revenue	\$103,931,912	\$110,394,543	\$119,944,393				
6	Total Non-Operating Revenue	\$607,272	\$1,333,404	\$483,967				
7	Total Revenue	\$104,539,184	\$111,727,947	\$120,428,360				
8	Excess/(Deficiency) of Revenue Over Expenses	\$4,127,245	\$3,291,130	\$5,186,931				
C.	Net Assets Summary							
1	Hospital Unrestricted Net Assets	\$15,206,895	\$16,542,725	\$16,901,258				
2	Hospital Total Net Assets	\$22,173,961	\$24,758,534	\$27,415,950				
3	Hospital Change in Total Net Assets	(\$1,132,144)	\$2,584,573	\$2,657,416				
4	Hospital Change in Total Net Assets %	95.1%	11.7%	10.7%				
D.	Cost Data Summary							
1	Ratio of Cost to Charges	0.58	0.58	0.53				
2	Total Operating Expenses	\$100,411,939	\$108,436,817	\$115,241,429				
3	Total Gross Revenue	\$168,847,092	\$183,998,991	\$212,323,692				
4	Total Other Operating Revenue	\$2,972,027	\$3,673,638	\$6,224,434				
5	Private Payment to Cost Ratio	1.18	1.10	1.16				
6	Total Non-Government Payments	\$47,447,378	\$47,103,686	\$49,706,680				

	DAY K	(IMBALL HOSPITAL						
	TWELVE N	IONTHS ACTUAL FILING						
	FISCAL YEAR 2012							
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL				
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012				
7	Total Uninsured Payments	\$175,656	\$170,368	\$201,068				
8	Total Non-Government Charges	\$72,382,567	\$77,494,199	\$85,690,455				
9	Total Uninsured Charges	\$3,799,500	\$3,618,734	\$4,643,918				
10	Medicare Payment to Cost Ratio	0.96	0.94	0.92				
11	Total Medicare Payments	\$36,161,856	\$38,521,730	\$39,330,519				
12	Total Medicare Charges	\$64,737,070	\$70,963,921	\$81,187,119				
13	Medicaid Payment to Cost Ratio	0.71	0.77	0.82				
14	Total Medicaid Payments	\$11,398,197	\$15,279,999	\$19,019,832				
15	Total Medicaid Charges	\$27,418,131	\$34,186,225	\$43,919,379				
16	Uncompensated Care Cost	\$2,748,737	\$2,196,343	\$2,200,156				
17	Charity Care	\$1,391,261	\$446,519	\$710,098				
18	Bad Debts	\$3,312,220	\$3,354,712	\$3,462,360				
19	Total Uncompensated Care	\$4,703,481	\$3,801,231	\$4,172,458				
20	Uncompensated Care % of Total Expenses	2.7%	2.0%	1.9%				
21	Total Operating Expenses	\$100,411,939	\$108,436,817	\$115,241,429				
E.	Liquidity Measures Summary							
1	Current Ratio	2.04	1.85	1.97				
2	Total Current Assets	\$29,243,904	\$28,768,813	\$33,417,651				
3	Total Current Liabilities	\$14,335,503	\$15,545,937	\$16,933,182				
4	Days Cash on Hand	60	38	28				
5	Cash and Cash Equivalents	\$7,593,483	\$2,168,500	\$2,156,339				
6	Short Term Investments	8,299,896	8,537,281	6,363,563				
7	Total Coasting Systems	\$15,893,379	\$10,705,781	\$8,519,902				
8	Total Operating Expenses	\$100,411,939	\$108,436,817	\$115,241,429				
9	Depreciation Expenses	\$4,508,893	\$4,627,959	\$4,830,289				
10	Operating Expenses less Depreciation Expense	\$95,903,046	\$103,808,858	\$110,411,140				
11	Days Revenue in Patient Accounts Receivable	32.04	39.99	49.53				

LINE DESCRIPTION		DAY KIMBA	ALL HOSPITAL						
(1) (2) (3) (4) (5)									
(1) (2) (3) (4) (5) ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL LINE DESCRIPTION FY 2010 FY 2011 FY 2011 12									
ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL LINE DESCRIPTION FY 2010 FY 2011		REPORT 185 - HOSPITAL FINANCIA	L AND STATISTICA	L DATA ANALYSIS					
ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL LINE DESCRIPTION FY 2010 FY 2011									
Net Patient Accounts Receivable \$ 10,144,136 \$ 11,823,463 \$ 12,	(1)	(2)	(3)	(4)	(5)				
12 Net Patient Accounts Receivable \$ 10,144,136 \$ 11,823,463 \$ 12,			ACTUAL	ACTUAL	ACTUAL				
13 Due From Third Party Payers \$0 \$0 \$2 14 Due To Third Party Payers \$1,308,122 \$165,119 15 Activity \$1,308,122 \$165,119 16 Total Net Patient Accounts Receivable and Third Party Payer \$8,836,014 \$11,658,344 \$15,545,837 16 Total Net Patient Revenue \$100,651,954 \$106,400,269 \$113,000,651,954 17 Average Payment Period \$4,566 \$4,66 18 Total Current Liabilities \$14,335,503 \$15,545,937 \$16,545,937 19 Total Operating Expenses \$100,411,939 \$108,436,817 \$115,545,937 \$16,545,93	<u>LINE</u>	DESCRIPTION	FY 2010	FY 2011	FY 2012				
14 Due To Third Party Payers \$1,308.122 \$165.119	12	Net Patient Accounts Receivable	\$ 10,144,13	6 \$ 11,823,463	3 \$ 12,743,539				
Total Net Patient Accounts Receivable and Third Party Payer Activity Total Net Patient Accounts Receivable and Third Party Payer Activity Total Net Patient Revenue \$100,651,954 \$ 106,400,269 \$ 113, 17 Average Payment Period \$4,56 \$54,66 18 Total Current Liabilities \$14,335,503 \$15,545,937 \$16, 19 Total Operating Expenses \$100,411,939 \$108,436,817 \$115, 20 Depreciation Expense \$4,508,893 \$4,627,959 \$4, 21 Total Operating Expenses less Depreciation Expense \$95,903,046 \$103,808,858 \$110, F. Solvency Measures Summary 1 Equity Financing Ratio 27.7 28.4 2 Total Net Assets \$22,173,961 \$24,758,534 \$27, 3 Total Assets \$80,081,179 \$87,068,035 \$97, 4 Cash Flow to Total Debt Ratio 29.8 24.1 5 Excess/(Deficiency) of Revenues Over Expenses \$4,127,245 \$3,291,130 \$5, 6 Depreciation Expense \$4,508,893 \$4,627,959 \$4, 7 Excess of Revenues Over Expenses \$8,636,138 \$7,919,089 \$10, 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16, 10 Total Current Liabilities and Total Long Term Debt \$14,691,107 \$17,263,764 \$16, 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33, 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43, 15 Debt Service Coverage Ratio 7.3 6.0 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5, 84,227,245 \$3,291,130 \$5, 85,221,73,961 \$24,758,534 \$27, 86,222,298 \$43, 86,222,298 \$43, 87,272,245 \$3,291,130 \$5, 87,272,273,961 \$24,758,534 \$27, 86,273,961 \$24,758,534 \$27, 87,274,774,774,774,774,774,774,774,774,77	13	Due From Third Party Payers	\$	\$0 \$	0 \$2,645,109				
15	14	Due To Third Party Payers	\$1,308,12	\$165,11	9 \$0				
Total Net Patient Revenue		ļ , , , , , , , , , , , , , , , , , , ,	_						
17 Average Payment Period \$4.56 \$4.66 18 Total Current Liabilities \$14,335,503 \$15,545,937 \$16,1 19 Total Operating Expenses \$100,411,939 \$108,436,817 \$115,1 20 Depreciation Expense \$4,508,893 \$4,627,959 \$4 21 Total Operating Expenses less Depreciation Expense \$95,903,046 \$103,808,858 \$110, F. Solvency Measures Summary 27.7 28.4 22.773,961 \$24,758,534 \$27,7 2 Total Net Assets \$22,173,961 \$24,758,534 \$27,3 \$27,3 \$37,068,035 \$97,3 4 Cash Flow to Total Debt Ratio 29.8 24.1 \$24,758,534 \$27,3 \$37,068,035 \$97,3 4 Cash Flow to Total Debt Ratio 29.8 24.1 \$32,291,130 \$5,6 \$32,291,130 \$5,6 \$6 Depreciation Expense \$4,508,893 \$4,627,959 \$4 5 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10,8 \$10,8		·	, ,		, , ,				
18 Total Current Liabilities \$14,335,503 \$15,545,937 \$16,19 19 Total Operating Expenses \$100,411,939 \$108,436,817 \$115,20 20 Depreciation Expense \$4,508,893 \$4,627,959 \$4 21 Total Operating Expenses less Depreciation Expense \$95,903,046 \$103,808,858 \$110, F. Solvency Measures Summary \$103,808,858 \$110, 1 Equity Financing Ratio 27.7 28.4 2 Total Net Assets \$22,173,961 \$24,758,534 \$27,33 3 Total Assets \$80,081,179 \$87,068,035 \$97,30 4 Cash Flow to Total Debt Ratio 29.8 24.1 5 Excess/(Deficiency) of Revenues Over Expenses \$4,127,245 \$3,291,130 \$5,6 6 Depreciation Expense \$4,508,893 \$4,627,959 \$4 7 Excess/(Deficiency) of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10,6 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16,6	16	Total Net Patient Revenue	\$100,651,95	4 \$ 106,400,269	9 \$ 113,405,335				
Total Operating Expenses	17	Average Payment Period	54.5	6 54.60	55.98				
20 Depreciation Expense \$4,508,893 \$4,627,959 \$4 21 Total Operating Expenses less Depreciation Expense \$95,903,046 \$103,808,858 \$110, F. Solvency Measures Summary 27.7 28.4 1 Equity Financing Ratio 27.7 28.4 2 Total Net Assets \$22,173,961 \$24,758,534 \$27, 3 Total Assets \$80,081,179 \$87,068,035 \$97, 4 Cash Flow to Total Debt Ratio 29.8 24.1 5 Excess/(Deficiency) of Revenues Over Expenses \$4,127,245 \$3,291,130 \$5, 6 Depreciation Expense \$4,508,893 \$4,627,959 \$4 7 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10, 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16, 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16, 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33,	18	Total Current Liabilities	\$14,335,50	3 \$15,545,93	\$16,933,182				
Total Operating Expenses less Depreciation Expense \$95,903,046 \$103,808,858 \$110,	19	Total Operating Expenses	\$100,411,93	9 \$108,436,817	\$115,241,429				
F. Solvency Measures Summary 27.7 28.4 1 Equity Financing Ratio 27.7 28.4 2 Total Net Assets \$22,173,961 \$24,758,534 \$27, 3 Total Assets \$80,081,179 \$87,068,035 \$97, 4 Cash Flow to Total Debt Ratio 29.8 24.1 5 Excess/(Deficiency) of Revenues Over Expenses \$4,127,245 \$3,291,130 \$5, 6 Depreciation Expense \$4,508,893 \$4,627,959 \$4 7 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,8138 \$7,919,089 \$10, 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16, 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16, 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33, 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt and Total Net Assets \$22,173,961 \$24,758,534 \$27, 14<	20	Depreciation Expense	\$4,508,89	93 \$4,627,95	9 \$4,830,289				
1 Equity Financing Ratio 27.7 28.4 2 Total Net Assets \$22,173,961 \$24,758,534 \$27, 3 Total Assets \$80,081,179 \$87,068,035 \$97, 4 Cash Flow to Total Debt Ratio 29.8 24.1 5 Excess/(Deficiency) of Revenues Over Expenses \$4,127,245 \$3,291,130 \$5, 6 Depreciation Expense \$4,508,893 \$4,627,959 \$4 7 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10, 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16, 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16, 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33, 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16, 13 Total Long Term Debt and Total Net Assets \$22,173,961 \$24,758,534 \$27,	21	Total Operating Expenses less Depreciation Expense	\$95,903,04	6 \$103,808,858	\$110,411,140				
2 Total Net Assets \$22,173,961 \$24,758,534 \$27, 3 Total Assets \$80,081,179 \$87,068,035 \$97, 4 Cash Flow to Total Debt Ratio 29.8 24.1 5 Excess/(Deficiency) of Revenues Over Expenses \$4,127,245 \$3,291,130 \$5, 6 Depreciation Expense \$4,508,893 \$4,627,959 \$4 7 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10,0 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16,0 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33,0 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16,0 13 Total Net Assets \$22,173,961 \$24,758,534 \$27,0 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,0 15 Debt Service Coverage Ratio	F.	Solvency Measures Summary							
\$87,068,035 \$97, 4 Cash Flow to Total Debt Ratio 5 Excess/(Deficiency) of Revenues Over Expenses \$4,127,245 \$3,291,130 \$5, 6 Depreciation Expense \$4,508,893 \$4,627,959 \$4, 7 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10,0, 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16,0, 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16, 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33,0, 11 Long Term Debt to Capitalization Ratio 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16,0, 13 Total Net Assets \$22,173,961 \$24,758,534 \$27,0, 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,0, 15 Debt Service Coverage Ratio Fig. 887,068,035 \$97,000 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,000 16 Excess Revenues over Expenses	1	Equity Financing Ratio	27.	7 28.4	28.1				
4 Cash Flow to Total Debt Ratio 29.8 24.1 5 Excess/(Deficiency) of Revenues Over Expenses \$4,127,245 \$3,291,130 \$5, 6 Depreciation Expense \$4,508,893 \$4,627,959 \$4 7 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10, 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16, 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33, 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16, 13 Total Net Assets \$22,173,961 \$24,758,534 \$27, 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43, 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,	2	Total Net Assets	\$22,173,96	1 \$24,758,534	\$27,415,950				
5 Excess/(Deficiency) of Revenues Over Expenses \$4,127,245 \$3,291,130 \$5, 6 Depreciation Expense \$4,508,893 \$4,627,959 \$4 7 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10, 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16, 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33, 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16, 13 Total Net Assets \$22,173,961 \$24,758,534 \$27, 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43, 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,	3	Total Assets	\$80,081,17	9 \$87,068,03	\$97,735,341				
5 Excess/(Deficiency) of Revenues Over Expenses \$4,127,245 \$3,291,130 \$5, 6 Depreciation Expense \$4,508,893 \$4,627,959 \$4 7 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10, 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16, 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33, 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16, 13 Total Net Assets \$22,173,961 \$24,758,534 \$27, 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43, 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,	4	Cash Flow to Total Debt Ratio	29.	8 24.	29.9				
6 Depreciation Expense \$4,508,893 \$4,627,959 \$4 7 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10,0 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16,0 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33, 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16,0 13 Total Net Assets \$22,173,961 \$24,758,534 \$27,0 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,0 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,	5								
7 Excess of Revenues Over Expenses and Depreciation Expense \$8,636,138 \$7,919,089 \$10,0 8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16,0 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33,0 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16,0 13 Total Net Assets \$22,173,961 \$24,758,534 \$27,0 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,0 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,	6	, , , , , , , , , , , , , , , , , , , ,							
8 Total Current Liabilities \$14,335,503 \$15,545,937 \$16,1 9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33,1 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16,1 13 Total Net Assets \$22,173,961 \$24,758,534 \$27,1 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,1 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,									
9 Total Long Term Debt \$14,691,107 \$17,263,764 \$16 10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33,4 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16,4 13 Total Net Assets \$22,173,961 \$24,758,534 \$27,4 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,4 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,	8		\$14,335,50	3 \$15,545,93					
10 Total Current Liabilities and Total Long Term Debt \$29,026,610 \$32,809,701 \$33,400 11 Long Term Debt to Capitalization Ratio 39.9 41.1 12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16,400 13 Total Net Assets \$22,173,961 \$24,758,534 \$27,400 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,400 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,400	9	Total Long Term Debt	\$14,691,10						
12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16,691,107 13 Total Net Assets \$22,173,961 \$24,758,534 \$27,400,000 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,400,000 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,000	10								
12 Total Long Term Debt \$14,691,107 \$17,263,764 \$16,691,107 13 Total Net Assets \$22,173,961 \$24,758,534 \$27,400,000 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,400,000 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,000	11	Long Term Debt to Capitalization Ratio	39.	9 41.	37.6				
13 Total Net Assets \$22,173,961 \$24,758,534 \$27,4 14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,4 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,									
14 Total Long Term Debt and Total Net Assets \$36,865,068 \$42,022,298 \$43,4 15 Debt Service Coverage Ratio 7.3 6.0 16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,		<u> </u>							
16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,									
16 Excess Revenues over Expenses \$4,127,245 \$3,291,130 \$5,	15	Debt Service Coverage Patio	7	3 64	6.8				
11 Interest Expense									
Depreciation and Amortization Expense \$4,508,893 \$4,627,959 \$4,		•							

	DAY KIMBAI	LL HOSPITAL							
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2012 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
(1)	(2)	ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012					
19	Principal Payments	\$530,000	\$560,000	\$590,000					
G.	Other Financial Ratios								
20	Average Age of Plant	13.3	13.9	14.1					
21	Accumulated Depreciation	\$59,922,177	\$64,431,275	\$67,985,808					
22	Depreciation and Amortization Expense	\$4,508,893	\$4,627,959	\$4,830,289					
		¥ ,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	¥ ,,					
H.	<u>Utilization Measures Summary</u>								
11	Patient Days	18,876	18,418	18,484					
2	Discharges	5,202	5,182	5,097					
3	ALOS	3.6	3.6	3.6					
4	Staffed Beds	72	72	65					
5	Available Beds	-	122	122					
6	Licensed Beds	122	122	122					
6	Occupancy of Staffed Beds	71.8%	70.1%	77.9%					
7	Occupancy of Available Beds	42.4%	41.4%	41.5%					
8	Full Time Equivalent Employees	774.8	802.8	835.4					
I.	Hospital Gross Revenue Payer Mix Percentage								
1	Non-Government Gross Revenue Payer Mix Percentage	40.6%	40.1%	38.2%					
2	Medicare Gross Revenue Payer Mix Percentage	38.3%	38.6%	38.2%					
3	Medicaid Gross Revenue Payer Mix Percentage	16.2%	18.6%	20.7%					
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.7%	0.0%	0.0%					
5	Uninsured Gross Revenue Payer Mix Percentage	2.3%	2.0%	2.2%					
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.8%	0.7%	0.7%					
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Gross Revenue (Charges)	\$68,583,067	\$73,875,465	\$81,046,537					
9	Medicare Gross Revenue (Charges)	\$64,737,070	\$70,963,921	\$81,187,119					
10	Medicaid Gross Revenue (Charges)	\$27,418,131	\$34,186,225	\$43,919,379					
11	Other Medical Assistance Gross Revenue (Charges)	\$2,920,899	\$0	\$0					
12 13	Uninsured Gross Revenue (Charges) CHAMPUS / TRICARE Gross Revenue (Charges)	\$3,799,500 \$1,388,425	\$3,618,734 \$1,354,646	\$4,643,918 \$1,526,739					
14	Total Gross Revenue (Charges)	\$1,386,425	\$1,354,646	\$1,526,739					
J.	Hospital Net Revenue Payer Mix Percentage	40.407	40.007	45.007					
1	Non-Government Net Revenue Payer Mix Percentage	49.1%	46.2%	45.6%					

	DAY KIMBAL	L HOSPITAL							
	TWELVE MONTHS	ACTUAL FILING							
	FISCAL YEAR 2012								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2010	FY 2011	FY 2012					
2	Medicare Net Revenue Payer Mix Percentage	37.6%	37.9%	36.2%					
3	Medicaid Net Revenue Payer Mix Percentage	11.8%	15.1%	17.5%					
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.6%	0.0%	0.0%					
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.2%	0.2%					
2 Med 3 Med 4 Oth 5 Unit 6 CH/ 7 Tota 8 Non 9 Med 10 Med 11 Oth 12 Unit 13 CH/ 14 Tota K. Dist 1 Non 2 Med 3 Med 4 Med 5 Oth 6 CH/ 7 Unit 8 Tota L. Cas 1 Non 2 Med 3 Med 4 Med 5 Oth 6 CH/ 7 Unit 8 Tota L. Cas 1 Non 2 Med 3 Med 4 Med 5 Oth 6 CH/ 7 Unit 8 Tota L. Cas 1 Non 2 Med 3 Med 4 Med 5 Oth 6 CH/ 7 Unit 8 Tota 1 Non 2 Med 3 Med 4 Med 5 Oth 6 CH/ 7 Unit 8 Tota 1 Eme 1 Eme 2 Eme	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.8%	0.6%	0.5%					
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
0	Non Covernment Net Povenue (Povenets)	¢47.274.722	\$46.022.219	¢40 505 612					
	Non-Government Net Revenue (Payments)	\$47,271,722	\$46,933,318	\$49,505,612					
	Medicare Net Revenue (Payments)	\$36,161,856	\$38,521,730	\$39,330,519					
	Medicaid Net Revenue (Payments)	\$11,398,197	\$15,279,999	\$19,019,832					
	Other Medical Assistance Net Revenue (Payments)	\$564,961	\$0	\$0					
	Uninsured Net Revenue (Payments)	\$175,656	\$170,368	\$201,068					
	CHAMPUS / TRICARE Net Revenue Payments)	\$722,594	\$617,829	\$567,688					
14	Total Net Revenue (Payments)	\$96,294,986	\$101,523,244	\$108,624,719					
K.	<u>Discharges</u>								
1	Non-Government (Including Self Pay / Uninsured)	1,726	1,542	1,425					
2	Medicare	2,334	2,368	2,208					
3	Medical Assistance	1,096	1,240	1,427					
4	Medicaid	1,050	1,240	1,427					
5	Other Medical Assistance	46	-	-					
6	CHAMPUS / TRICARE	46	32	37					
7	Uninsured (Included In Non-Government)	81	69	71					
8	Total	5,202	5,182	5,097					
	Case Mix Index								
	Non-Government (Including Self Pay / Uninsured)	0.829300	1.138000	1.054300					
	Medicare	1.023500	1.053600	1.148400					
	Medical Assistance	0.823100	0.693200	0.830000					
	Medicaid	0.823100	0.693200	0.830000					
	Other Medical Assistance	0.823100	0.000000	0.000000					
	CHAMPUS / TRICARE	0.665800	0.555100	0.541800					
	Uninsured (Included In Non-Government)	0.856700	0.767600	0.952100					
	Total Case Mix Index	0.913680	0.989396	1.028546					
	Emergency Department Visits								
		2 604	2.524	2.005					
	Emergency Room - Treated and Admitted	3,604	3,521	3,285					
2	Emergency Room - Treated and Discharged Total Emergency Room Visits	28,650 32,254	25,284 28,805	24,726 28,011					

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE				
A.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$7,808	\$407,305	\$399,497	5117%
	Inpatient Payments	\$7,717	\$219,962	\$212,245	2750%
3	Outpatient Charges	\$50,205	\$747,130	\$696,925	1388%
4	Outpatient Payments	\$19,512	\$393,733	\$374,221	1918%
5	Discharges	2	20	18	900%
6	Patient Days	6	96	90	1500%
7	Outpatient Visits (Excludes ED Visits)	96	1,036	940	979%
8	Emergency Department Outpatient Visits	7	56	49	700%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$58,013	\$1,154,435	\$1,096,422	1890%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$27,229	\$613,695	\$586,466	2154%
В.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$1,179	\$0	(\$1,179)	-100%
4	Outpatient Payments	\$147	\$0	(\$147)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	8	0	(8)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,179	\$0	(\$1,179)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$147	\$0	(\$147)	-100%
		V		(+)	10070
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$1,164,779	\$1,570,022	\$405,243	35%
2	Inpatient Payments	\$620,756	\$810,543	\$189,787	31%
3	Outpatient Charges	\$1,893,808	\$4,040,389	\$2,146,581	113%
4	Outpatient Payments	\$1,045,176	\$1,584,873	\$539,697	52%
5	Discharges	74	103	29	39%
6	Patient Days	325	430	105	32%
7	Outpatient Visits (Excludes ED Visits)	4,174	5,308	1,134	27%
8	Emergency Department Outpatient Visits	140	217	77	55%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,058,587	\$5,610,411	\$2,551,824	83%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,665,932	\$2,395,416	\$729,484	44%
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(1)	(2)	(3)	(4)	(5)	(6)
	()	FY 2011	FY 2012	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$433,920	\$0	(\$433,920)	-100%
2	Inpatient Payments	\$235,512	\$0	(\$235,512)	-100%
3	Outpatient Charges	\$617,273	\$0	(\$617,273)	-100%
4	Outpatient Payments	\$143,734	\$0	(\$143,734)	-100%
5	Discharges	38	0	(38)	-100%
6	Patient Days	161	0	(161)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,244	0	(1,244)	-100%
8	Emergency Department Outpatient Visits	49	0	(49)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,051,193	\$0	(\$1,051,193)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$379,246	\$0	(\$379,246)	-100%
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$124,730	\$134,270	\$9,540	8%
2	Inpatient Payments	\$97,098	\$28,449	(\$68,649)	-71%
3	Outpatient Charges	\$92,022	\$95,849	\$3,827	4%
4	Outpatient Payments	\$50,478	\$40,546	(\$9,932)	-20%
5	Discharges	14	16	2	14%
	Patient Days	46	78	32	70%
7	Outpatient Visits (Excludes ED Visits)	162	132	(30)	-19%
8	Emergency Department Outpatient Visits	33	26	(7)	-21%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$216,752	\$230,119	\$13,367	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$147,576	\$68,995	(\$78,581)	-53%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVAN			*-	
	Inpatient Charges	\$0	\$0	\$0	0%
	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

Coloration	(1)	(2)	(3)	(4)	(5)	(6)
G. UNITED HEALTHCARE INSURANCE COMPANY 1 Inpatient Charges \$2,166,524 \$2,716,543 \$550,019		· · · · · · · · · · · · · · · · · · ·				
Inpatient Charges	LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Inpatient Charges						
Impatient Payments	G.					
3 Outpatient Charges						25%
4 Outpatient Payments \$2,020,566 \$2,320,688 \$300,122 5 Discharges 163 193 30 6 Patient Days 642 667 25 7 Outpatient Visits (Excludes ED Visits) 6,866 8,441 1,575 8 Emergency Department Outpatient Visits 365 472 107 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$5,844,914 \$8,246,570 \$2,401,656 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$3,259,013 \$3,728,066 \$469,053 H. WELLCARE OF CONNECTICUT 1 Inpatient Charges \$0 \$0 \$0 2 Inpatient Payments \$0 \$0 \$0 3 Outpatient Charges \$0 \$0 \$0 4 Outpatient Payments \$0 \$0 \$0 5 Discharges 0 0 0 0 6 Patient Days 0 0 0 0 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0 9 Emergency Department Outpatient Visits 0 0 0 0 1 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 5 Emergency Department Outpatient Visits \$0 \$0 \$0 1 AETNA 1 Inpatient Charges \$0 \$0,0 \$0 2 Inpatient Payments \$0 \$0 \$0 4 Outpatient Payments \$0 \$0 \$0 5 Emergency Department Outpatient Visits \$0 \$0 \$0 6 Emergency Department Outpatient Visits \$0 \$0 \$0 8 Emergency Department Outpatient Visits \$0 \$0 \$0 9 Emergency Department Outpatient Admissions \$0 \$0 \$0 1 AETNA 1 Inpatient Charges \$73,762 \$54,063 \$19,699 \$-1 1 Outpatient Payments \$0 \$0 \$0 \$0 2 2 6 Patient Days \$0 \$0 \$0 \$0 7 Outpatient Visits (Excludes ED Visits) \$131 76 \$655 \$-1 8 Emergency Department Outpatient Visits \$8 7 \$1,10 \$-1 9 Emergency Department Inpatient Admissions \$0 \$0 \$0 \$0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 \$15,670						14%
5 Discharges 163 193 30 6 Patient Days 642 667 25 7 Outpatient Visits (Excludes ED Visits) 6,866 8,441 1,575 8 Emergency Department Outpatient Visits 365 472 107 9 Emergency Department Inpatient Admissions 0 0 0 1 TOTAL INPATIENT & OUTPATIENT CHARGES \$5,844,914 \$8,246,570 \$2,401,656 TOTAL INPATIENT & OUTPATIENT CHARGES \$5,844,914 \$8,246,570 \$2,401,656 TOTAL INPATIENT & OUTPATIENT CHARGES \$3,259,013 \$3,728,066 \$469,053 H. WELLCARE OF CONNECTICUT Inpatient Payments \$0 \$0 \$0 2 Inpatient Charges \$0 \$0 \$0 \$0 \$0 3 Outpatient Charges \$0 \$0 \$0 \$0 \$0 4 Outpatient Days 0 0 0 0 0 0 0 0 0 0 0 0	3					50%
6 Patient Days 642 667 25 7 Outpatient Visits (Excludes ED Visits) 6,866 8,441 1,575 3 8 Emergency Department Outpatient Visits 365 472 107 3 9 Emergency Department Inpatient Admissions 0 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$5,844,914 \$8,246,570 \$2,401,656 5 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$3,259,013 \$3,728,066 \$469,053 \$469,053 H. WELLCARE OF CONNECTICUT 1 Inpatient Charges \$0 \$0 \$0 3 Outpatient Charges \$0 \$0 \$0 \$0 4 Outpatient Charges \$0 \$0 \$0 5 Discharges 0 0 0 0 6 Patient Days 0 0 0 0 0 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0 0 0 0 0	4		\$2,020,566	\$2,320,688	\$300,122	15%
Total Part	5					18%
8 Emergency Department Outpatient Visits 365 472 107 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$5,844,914 \$8,246,570 \$2,401,656 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$3,728,066 \$469,053 H. WELLCARE OF CONNECTICUT *** Inpatient Charges \$0 \$0 3 Outpatient Payments \$0 \$0 3 Outpatient Charges \$0 \$0 \$0 4 Outpatient Payments \$0 \$0 \$0 5 Discharges 0 0 0 \$0 6 Patient Days 0 0 0 0 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0 8 Emergency Department Outpatient Visits 0 0 0 0 9 Emergency Department Inpatient Admissions 0 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES						4%
Semergency Department Inpatient Admissions	7		· · · · · · · · · · · · · · · · · · ·	8,441	1,575	23%
TOTAL INPATIENT & OUTPATIENT CHARGES \$5,844,914 \$8,246,570 \$2,401,656 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$3,259,013 \$3,728,066 \$469,053	8		365	472	107	29%
TOTAL INPATIENT & OUTPATIENT PAYMENTS \$3,259,013 \$3,728,066 \$469,053	9					0%
H. WELLCARE OF CONNECTICUT 1 Inpatient Charges \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$						41%
Inpatient Charges		TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,259,013	\$3,728,066	\$469,053	14%
Inpatient Charges						
Inpatient Payments						
3						0%
4 Outpatient Payments \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$						0%
5 Discharges 0 0 0 6 Patient Days 0 0 0 7 Outpatient Visits (Excludes ED Visits) 0 0 0 8 Emergency Department Outpatient Visits 0 0 0 9 Emergency Department Inpatient Admissions 0 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 1. AETNA \$0 \$18,029 \$18,029 1 Inpatient Charges \$0 \$7,077 \$7,077 3 Outpatient Payments \$0 \$7,077 \$7,077 3 Outpatient Charges \$73,762 \$54,063 (\$19,699) 4 Outpatient Payments \$30,464 \$15,907 (\$14,557) 5 Discharges 0 2 2 6 Patient Days 0 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) 8 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>0%</td>						0%
6 Patient Days 0 0 0 7 Outpatient Visits (Excludes ED Visits) 0 0 0 8 Emergency Department Outpatient Visits 0 0 0 9 Emergency Department Inpatient Admissions 0 0 0 1 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 1 Inpatient Charges \$0 \$18,029 \$18,029 2 Inpatient Payments \$0 \$7,077 \$7,077 3 Outpatient Charges \$73,762 \$54,063 (\$19,699) 4 Outpatient Payments \$30,464 \$15,907 (\$14,557) 5 Discharges 0 2 2 6 Patient Days 0 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) 8 Emergency Department Outpatient Visits 8 7 (1) - 9 Emergency Department Inpatient Admissions 0						0%
7 Outpatient Visits (Excludes ED Visits) 0 0 0 8 Emergency Department Outpatient Visits 0 0 0 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$0 \$0 \$0 I. AETNA \$0 \$18,029 \$18,029 2 Inpatient Charges \$0 \$7,077 \$7,077 3 Outpatient Payments \$0 \$73,762 \$54,063 (\$19,699) 4 Outpatient Payments \$30,464 \$15,907 (\$14,557) 5 Discharges 0 2 2 6 Patient Days 0 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) 8 Emergency Department Outpatient Visits 8 7 (1) - 9 Emergency Department Inpatient Admissions 0 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)						0%
8 Emergency Department Outpatient Visits 0 0 0 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 I. AETNA \$0 \$18,029 \$18,029 1 Inpatient Charges \$0 \$7,077 \$7,077 3 Outpatient Payments \$0 \$54,063 (\$19,699) 4 Outpatient Payments \$30,464 \$15,907 (\$14,557) 5 Discharges 0 2 2 6 Patient Days 0 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) 8 Emergency Department Outpatient Visits 8 7 (1) 9 Emergency Department Inpatient Admissions 0 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)						0%
9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$0 \$0 I. AETNA 1 Inpatient Charges \$0 \$18,029 2 Inpatient Payments \$0 \$7,077 3 Outpatient Charges \$73,762 \$54,063 (\$19,699) 4 Outpatient Payments \$30,464 \$15,907 (\$14,557) 5 Discharges 0 2 2 6 Patient Days 0 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) 8 Emergency Department Outpatient Visits 8 7 (1) - 9 Emergency Department Inpatient Admissions 0 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)	_					0%
TOTAL INPATIENT & OUTPATIENT CHARGES \$0						0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS \$0	9					0%
I. AETNA SO \$18,029 \$18,029 2 Inpatient Charges \$0 \$7,077 \$7,077 3 Outpatient Charges \$73,762 \$54,063 (\$19,699) 4 Outpatient Payments \$30,464 \$15,907 (\$14,557) 5 Discharges 0 2 2 6 Patient Days 0 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) 8 Emergency Department Outpatient Visits 8 7 (1) 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)						0%
1 Inpatient Charges \$0 \$18,029 \$18,029 2 Inpatient Payments \$0 \$7,077 \$7,077 3 Outpatient Charges \$73,762 \$54,063 (\$19,699) -2 4 Outpatient Payments \$30,464 \$15,907 (\$14,557) -2 5 Discharges 0 2 2 2 6 Patient Days 0 3 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) -2 8 Emergency Department Outpatient Visits 8 7 (1) -3 9 Emergency Department Inpatient Admissions 0 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)		TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
1 Inpatient Charges \$0 \$18,029 \$18,029 2 Inpatient Payments \$0 \$7,077 \$7,077 3 Outpatient Charges \$73,762 \$54,063 (\$19,699) -2 4 Outpatient Payments \$30,464 \$15,907 (\$14,557) -2 5 Discharges 0 2 2 2 6 Patient Days 0 3 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) -2 8 Emergency Department Outpatient Visits 8 7 (1) -3 9 Emergency Department Inpatient Admissions 0 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)		AETNA				
2 Inpatient Payments \$0 \$7,077 \$7,077 3 Outpatient Charges \$73,762 \$54,063 (\$19,699) -7 4 Outpatient Payments \$30,464 \$15,907 (\$14,557) -7 5 Discharges 0 2 2 6 Patient Days 0 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) -7 8 Emergency Department Outpatient Visits 8 7 (1) -7 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)			6 0	¢10 000	¢40 000	0%
3 Outpatient Charges \$73,762 \$54,063 (\$19,699) 4 Outpatient Payments \$30,464 \$15,907 (\$14,557) 5 Discharges 0 2 2 6 Patient Days 0 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) 8 Emergency Department Outpatient Visits 8 7 (1) 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)						0%
4 Outpatient Payments \$30,464 \$15,907 (\$14,557)						-27%
5 Discharges 0 2 2 6 Patient Days 0 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) 8 Emergency Department Outpatient Visits 8 7 (1) 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)						-21% -48%
6 Patient Days 0 3 3 7 Outpatient Visits (Excludes ED Visits) 131 76 (55) 8 Emergency Department Outpatient Visits 8 7 (1) 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)	-				, , , , , , , , , , , , , , , , , , ,	-48% 0%
7 Outpatient Visits (Excludes ED Visits) 8 Emergency Department Outpatient Visits 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES 131 76 (55) (1) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						0%
8 Emergency Department Outpatient Visits 8 7 (1) - 9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)						-42%
9 Emergency Department Inpatient Admissions 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)						-42% -13%
TOTAL INPATIENT & OUTPATIENT CHARGES \$73,762 \$72,092 (\$1,670)					\ ,	0%
	3		-	×		-2%
10172 HT ATERT & COTT ATERT 1 ATMENT 10 \$00,909 \$22,309 (\$7,400)						-25%
		TOTAL INI ATILITI & COTT ATILITI TATINLINIO	φ30,404	ΨZZ,304	(ψ1,400)	-23 /0

(1)	(2)	(3)	(4)	(5)	(6)
	,	FY 2011	FY 2012	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.					
L.	UNICARE LIFE & HEALTH INSURANCE	A -	A -	* -	
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
M	UNIVERSAL AMERICAN				
	Inpatient Charges	\$0	\$0	\$0	0%
	Inpatient Payments	\$0	\$0	\$0	0%
	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
M. 1 1 1 2 1 3 3 4 6 6 F 7 7 7 7 7 7 7 7 7	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
	Inpatient Charges	\$300,515	\$118,500	(\$182,015)	-61%
	Inpatient Payments	\$181,429	\$62,563	(\$118,866)	-66%
	Outpatient Charges	\$340,933	\$208,736	(\$132,197)	-39%
	Outpatient Payments	\$195,492	\$69,292	(\$126,200)	-65%
	Discharges	30	9	(21)	-70%
	Patient Days	98	32	(66)	-67%
	Outpatient Visits (Excludes ED Visits)	918	478	(440)	-48%
	Emergency Department Outpatient Visits	50	29	(21)	-42%
9	Emergency Department Inpatient Admissions	0	0	(0.44.040)	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$641,448 \$376,921	\$327,236 \$131,855	(\$314,212) (\$245,066)	-49% -65%
	TOTAL INFATIENT & GOTFATIENT FATMENTS	\$370,921	\$131,633	(\$243,000)	-03 /6
II.	TOTAL MEDICARE MANAGED CARE	 		Γ	
	TOTAL INPATIENT CHARGES	\$4,198,276	\$4,964,669	\$766,393	18%
	TOTAL INPATIENT PAYMENTS	\$2,380,959	\$2,535,972	\$155,013	7%
	TOTAL OUTPATIENT CHARGES	\$6,747,572	\$10,676,194	\$3,928,622	58%
	TOTAL OUTPATIENT PAYMENTS	\$3,505,569	\$4,425,039	\$919,470	26%
	TOTAL DISCHARGES TOTAL PATIENT DAYS	321	343	22	7%
	TOTAL PATIENT DAYS TOTAL OUTPATIENT VISITS (EXCLUDES ED	1,278	1,306	28	2%
	VISITS)	13,599	15,471	1,872	14%
	TOTAL EMERGENCY DEPARTMENT	13,333	13,471	1,072	14/0
	OUTPATIENT VISITS	652	807	155	24%
	TOTAL EMERGENCY DEPARTMENT				
	INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,945,848	\$15,640,863	\$4,695,015	43%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,886,528	\$6,961,011	\$1,074,483	18%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICAID MANAGED CARE				
	ANTHEM BLUE CROSS AND BLUE SHIELD				
Α.	OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT		-		0,0
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT	72	**	**	
	PAYMENTS	\$0	\$0	\$0	0%
В.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$2,531,045	\$645,984	(\$1,885,061)	-74%
2	Inpatient Payments	\$1,275,246	\$78,988	(\$1,196,258)	-94%
3	Outpatient Charges	\$8,820,208	\$2,473,349	(\$6,346,859)	-72%
4	Outpatient Payments	\$3,728,971	\$207,891	(\$3,521,080)	-94%
5	Discharges	348	62	(286)	-82%
6	Patient Days	819	169	(650)	-79%
7	Outpatient Visits (Excludes ED Visits)	24,942	5,678	(19,264)	-77%
8	Emergency Department Outpatient Visits	3,347	821	(2,526)	-75%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$11,351,253	\$3,119,333	(\$8,231,920)	-73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,004,217	\$286,879	(\$4,717,338)	-94%
		,	,,	(*): :: ;: 50)	2.770
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT	. .	ـ ند		
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT	*	60	60	60/
	PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
	, ,	FY 2011	FY 2012	AMÒÚNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	OTHER MEDICAIR MANAGER CARE				
D.	OTHER MEDICAID MANAGED CARE		* 470.007	* 470.007	201
1	Inpatient Charges	\$0	\$179,997	\$179,997	0%
2	Inpatient Payments	\$0	\$146,120	\$146,120	0%
3	Outpatient Charges	\$220,015	\$1,129,494	\$909,479	413%
4	Outpatient Payments	\$117,712	\$912,991	\$795,279	676%
5	Discharges	0	10	10	0%
6	Patient Days	0	35	35	0%
7	Outpatient Visits (Excludes ED Visits)	444	3,882	3,438	774%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$220,015	\$1,309,491	\$1,089,476	495%
	TOTAL INPATIENT & OUTPATIENT			_	
	PAYMENTS	\$117,712	\$1,059,111	\$941,399	800%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Edipation Visits Emergency Department Inpatient Admissions	0	0	0	0%
3	TOTAL INPATIENT & OUTPATIENT	0	0	0	070
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT	ΨΟ	ΨΟ	ΨΟ	070
	PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT,	70	Ψ-	40	970
F.	PREFERRED ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	5 5 1 1 1 1 1 1 1				20/
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT	0	0	0	0%
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT	φu	\$ 0	\$ U	0%
	PAYMENTS	\$0	\$0	\$0	0%
	T ATMENTO	ΨΟ	ΨΟ	ΨΟ	070
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$533,412	\$99,718	(\$433,694)	-81%
2	Inpatient Payments	\$250,629	\$6,340	(\$244,289)	-97%
3	Outpatient Charges	\$1,271,493	\$539,647	(\$731,846)	-58%
4	Outpatient Payments	\$481,428	\$102,069	(\$379,359)	-79%
5	Discharges	88	11	(77)	-88%
6	Patient Days	206	28	(178)	-86%
7	Outpatient Visits (Excludes ED Visits)	2,159	1,132	(1,027)	-48%
8	Emergency Department Outpatient Visits	662	183	(479)	-72%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$1,804,905	\$639,365	(\$1,165,540)	-65%
	TOTAL INPATIENT & OUTPATIENT	AT00.05T	* 400 400	(\$000.040)	0.50/
	PAYMENTS	\$732,057	\$108,409	(\$623,648)	-85%
н.	AETNA				
		¢050.447	\$0.44.00 7	(\$740.0E0\)	750/
<u>1</u> 2	Inpatient Charges Inpatient Payments	\$959,147 \$449,764	\$241,097 \$0	(\$718,050) (\$449,764)	-75% -100%
3	Outpatient Charges	\$2,552,883	\$741,398	(\$1,811,485)	-71%
4	Outpatient Charges Outpatient Payments	\$958,408	\$0	(\$958,408)	-100%
5	Discharges	157	26	(131)	-83%
6	Patient Days	351	96	(255)	-73%
7	Outpatient Visits (Excludes ED Visits)	4.404	1,122	(3,282)	-75%
8	Emergency Department Outpatient Visits	1,346	339	(1,007)	-75%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$3,512,030	\$982,495	(\$2,529,535)	-72%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$1,408,172	\$0	(\$1,408,172)	-100%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INDATIONS CHARGES	£4.000.004	\$4.400.700	(\$0.050.000)	740/
	TOTAL INPATIENT CHARGES	\$4,023,604	\$1,166,796	(\$2,856,808)	-71%
	TOTAL INPATIENT PAYMENTS TOTAL OUTPATIENT CHARGES	\$1,975,639	\$231,448	(\$1,744,191)	-88%
	TOTAL OUTPATIENT CHARGES TOTAL OUTPATIENT PAYMENTS	\$12,864,599 \$5,286,519	\$4,883,888	(\$7,980,711)	-62%
	TOTAL OUTPATIENT PATMENTS TOTAL DISCHARGES	593	\$1,222,951 109	(\$4,063,568) (484)	-77% -82%
	TOTAL DISCHARGES TOTAL PATIENT DAYS	1,376	328	(1,048)	-76%
	TOTAL OUTPATIENT VISITS	1,370	320	(1,040)	-7070
	(EXCLUDES ED VISITS)	31,949	11,814	(20,135)	-63%
	TOTAL EMERGENCY DEPARTMENT	01,040	11,014	(20,100)	3370
	OUTPATIENT VISITS	5,355	1,343	(4,012)	-75%
	TOTAL EMERGENCY DEPARTMENT	5,550	.,	(-,- 1=)	. 370
	INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT			<u> </u>	- 10
	CHARGES	\$16,888,203	\$6,050,684	(\$10,837,519)	-64%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$7,262,158	\$1,454,399	(\$5,807,759)	-80%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE

	DAY	KIMBALL HOSPITAL			
	TWELVE	MONTHS ACTUAL FILIN	lG		
		FISCAL YEAR 2012			
	REPORT 300 - HOSPI	TAL BALANCE SHEET I	NFORMATION		
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	DIFFERENCE
I.	<u>ASSETS</u>				
Α.	Current Assets:				
1	Cash and Cash Equivalents	\$2,768,481	\$3,277,302	\$508,821	18%
2	Short Term Investments	\$8,537,281	\$6,363,563	(\$2,173,718)	-25%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$12,857,684	\$14,676,491	\$1,818,807	14%
4	Current Assets Whose Use is Limited for Current Liabilities	\$431,679	\$324,188	(\$107,491)	-25%
5	Due From Affiliates	\$431,679	\$324,100	(\$107,491)	-25%
5 6	Due From Third Party Payers	\$0	\$2,645,109	\$2,645,109	0%
7	Inventories of Supplies	\$2,457,926	\$2,276,547	(\$181,379)	-7%
8	Prepaid Expenses	\$2,437,926	\$301,350	\$301,350	0%
9	Other Current Assets	\$812,220	\$1,534,648	\$722,428	89%
9	Total Current Assets	\$27,865,271	\$1,334,646	\$3,533,927	13%
	Total Current Assets	\$21,003,211	φ31,339,130	\$3,333,327	1376
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,774,294	\$4,310,243	\$535,949	14%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,292,238	\$1,292,108	(\$130)	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,647,206	\$6,157,077	\$1,509,871	32%
4	Total Noncurrent Assets Whose Use is	φ4,04 <i>1</i> ,200	φο, 157,077	\$1,509,671	32%
	Limited:	\$9,713,738	\$11,759,428	\$2,045,690	21%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$6,573,322	\$8,045,237	\$1,471,915	22%
7	Other Noncurrent Assets	\$618,684	\$541,087	(\$77,597)	-13%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$98,663,786	\$101,365,601	\$2,701,815	3%
2	Less: Accumulated Depreciation	\$64,563,946	\$68,176,177	\$3,612,231	\$0
	Property, Plant and Equipment, Net	\$34,099,840	\$33,189,424	(\$910,416)	-3%
3	Construction in Progress	\$2,510,153	\$3,849,846	\$1,339,693	53%
	Total Net Fixed Assets	\$36,609,993	\$37,039,270	\$429,277	1%
	Total Assets	\$81,381,008	\$88,784,220	\$7,403,212	9%
		, : , ; : : , : : 3	,,,,	, , ,	3,0

	DAY	KIMBALL HOSPITAL			
	TWELVE	MONTHS ACTUAL FILIN	IG		
		FISCAL YEAR 2012			
	REPORT 300 - HOSPI	TAL BALANCE SHEET I	NFORMATION		
(1)	(2) DESCRIPTION	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % <u>DIFFERENCE</u>
				<u> </u>	<u> </u>
II.	<u>LIABILITIES AND NET ASSETS</u>				
A.	Current Liabilities:				
1	Accounts Payable and Accrued Expenses	\$5,143,344	\$7,634,538	\$2,491,194	48%
2	Salaries, Wages and Payroll Taxes	\$1,435,733	\$1,754,581	\$318,848	22%
3	Due To Third Party Payers	\$165,119	\$0	(\$165,119)	-100%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$752,175	\$767,324	\$15,149	2%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$8,797,410	\$8,576,531	(\$220,879)	-3%
	Total Current Liabilities	\$16,293,781	\$18,732,974	\$2,439,193	15%
В.	Long Term Debt:				
1	Bonds Payable (Net of Current Portion)	\$17,263,764	\$16,517,550	(\$746,214)	-4%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$17,263,764	\$16,517,550	(\$746,214)	-4%
3	Accrued Pension Liability	\$29,499,800	\$36,868,659	\$7,368,859	25%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$46,763,564	\$53,386,209	\$6,622,645	14%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C.	Net Assets:				
1	Unrestricted Net Assets or Equity	\$10,104,119	\$6,143,359	(\$3,960,760)	-39%
2	Temporarily Restricted Net Assets	\$4,589,323	\$6,314,783	\$1,725,460	38%
3	Permanently Restricted Net Assets	\$3,630,221	\$4,206,895	\$576,674	16%
	Total Net Assets	\$18,323,663	\$16,665,037	(\$1,658,626)	-9%
	Total Liabilities and Net Assets	\$81,381,008	\$88,784,220	\$7,403,212	9%

		KIMBALL HOSPITA							
	IWELVE	MONTHS ACTUAL							
FISCAL YEAR 2012 REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION									
(1)	(2)	(3)	(4)	(5)	(6)				
		FY 2011	FY 2012	AMOUNT	%				
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE				
Α.	Operating Revenue:								
1	Total Gross Patient Revenue	\$196,297,728	\$238,043,925	\$41,746,197	21%				
2	Less: Allowances	\$80,693,890	\$108,357,670	\$27,663,780	34%				
3	Less: Charity Care	\$446,519	\$710,098	\$263,579	59%				
4	Less: Other Deductions	\$0	\$0	\$0	0%				
	Total Net Patient Revenue	\$115,157,319	\$128,976,157	\$13,818,838	12%				
5	Other Operating Revenue	\$4,173,444	\$7,112,901	\$2,939,457	70%				
6	Net Assets Released from Restrictions	\$320,636	\$314,624	(\$6,012)	-2%				
	Total Operating Revenue	\$119,651,399	\$136,403,682	\$16,752,283	14%				
В.	Operating Expenses:								
1	Salaries and Wages	\$58,121,283	\$64,606,556	\$6,485,273	11%				
2	Fringe Benefits	\$17,229,753	\$19,913,051	\$2,683,298	16%				
3	Physicians Fees	\$2,639,539	\$2,826,039	\$186,500	7%				
4	Supplies and Drugs	\$13,661,656	\$15,730,813	\$2,069,157	15%				
5	Depreciation and Amortization	\$4,685,726	\$4,887,639	\$201,913	4%				
6	Bad Debts	\$3,528,349	\$3,709,571	\$181,222	5%				
7	Interest	\$917,695	\$1,028,742	\$111,047	12%				
8	Malpractice	\$1,365,517	\$872,121	(\$493,396)	-36%				
9	Other Operating Expenses	\$19,017,178	\$22,448,450	\$3,431,272	18%				
	Total Operating Expenses	\$121,166,696	\$136,022,982	\$14,856,286	12%				
	Income/(Loss) From Operations	(\$1,515,297)	\$380,700	\$1,895,997	-125%				
C.	Non-Operating Revenue:								
1	Income from Investments	\$100,872	\$105,171	\$4,299	4%				
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%				
3	Other Non-Operating Gains/(Losses)	\$1,232,532	\$381,767	(\$850,765)	-69%				
	Total Non-Operating Revenue	\$1,333,404	\$486,938	(\$846,466)	-63%				
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$181,893)	\$867,638	\$1,049,531	-577%				
	Other Adjustments:								
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%				
	All Other Adjustments	\$0	\$0	\$0	0%				
	Total Other Adjustments	\$0	\$0	\$0	0%				
	Excess/(Deficiency) of Revenue Over Expenses	(\$181,893)	\$867,638	\$1,049,531	-577%				

DAY KIMBALL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL ACTUAL D FY 2011 385 \$115,157,319 807 4,494,080 7,427,52 192 \$119,651,399 545 (\$1,515,297) 272 1,333,404 486,93 817 (\$181,893) 55% 1.10% 56% -0.15% 545 (\$1,515,297) \$380,70 55% 1.10% 56% -0.15% 545 (\$1,515,297) \$380,70 192 \$119,651,399 \$136,403,68 272 \$1,333,404 \$486,93 464 \$120,984,803 \$136,890,62 817 (\$181,893) \$867,63	
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
A.	Parent Corporation Statement of Operations Summary			
1	Net Patient Revenue	\$107,034,385	\$115,157,319	\$128,976,157
2	Other Operating Revenue	3,492,807	4,494,080	7,427,525
3	Total Operating Revenue	\$110,527,192	\$119,651,399	\$136,403,682
4	Total Operating Expenses	109,395,647	121,166,696	136,022,982
5	Income/(Loss) From Operations	\$1,131,545	(\$1,515,297)	\$380,700
6	Total Non-Operating Revenue	607,272	1,333,404	486,938
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,738,817	(\$181,893)	\$867,638
В.	Parent Corporation Profitability Summary			
1	Parent Corporation Operating Margin	1.02%	-1.25%	0.28%
2	Parent Corporation Non-Operating Margin	0.55%	1.10%	0.36%
3	Parent Corporation Total Margin	1.56%	-0.15%	0.63%
4	Income/(Loss) From Operations	\$1,131,545	(\$1,515,297)	\$380,700
5	Total Operating Revenue	\$110,527,192	\$119,651,399	\$136,403,682
6	Total Non-Operating Revenue	\$607,272	\$1,333,404	\$486,938
7	Total Revenue	\$111,134,464	\$120,984,803	\$136,890,620
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,738,817	(\$181,893)	\$867,638
C.	Parent Corporation Net Assets Summary			
1	Parent Corporation Unrestricted Net Assets	\$12,241,312	\$10,104,119	\$6,143,359
2	Parent Corporation Total Net Assets	\$19,209,337	\$18,323,663	\$16,665,037
3	Parent Corporation Change in Total Net Assets	(\$3,525,916)	(\$885,674)	(\$1,658,626)
4	Parent Corporation Change in Total Net Assets %	84.5%	-4.6%	-9.1%

OFFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING DAY KIMBALI HOSPITAL DAY KIMBALL HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS** (1) (2) (3) (4) (5) **ACTUAL ACTUAL** ACTUAL LINE DESCRIPTION FY 2010 FY 2011 FY 2012 D. Liquidity Measures Summary **Current Ratio** 1.98 1.71 1.68 **Total Current Assets** \$29,438,231 \$31,399,198 \$27,865,271 **Total Current Liabilities** \$14,881,417 \$18,732,974 \$16,293,781 **Days Cash on Hand** 57 35 27 5 Cash and Cash Equivalents \$8,007,201 \$3,277,302 \$2,768,481 6 Short Term Investments 8,299,896 8,537,281 6,363,563 Total Cash and Short Term Investments \$16,307,097 \$11,305,762 \$9,640,865 **Total Operating Expenses** \$109,395,647 \$121,166,696 \$136,022,982 8 Depreciation Expense \$4,545,134 \$4,685,726 \$4,887,639 10 Operating Expenses less Depreciation Expense \$104,850,513 \$116,480,970 \$131,135,343 32 40 49 11 Days Revenue in Patient Accounts Receivable 12 Net Patient Accounts Receivable \$ 10,794,688 \$ 12,857,684 \$ 14,676,491 \$0 13 Due From Third Party Payers \$0 \$2,645,109 14 Due To Third Party Payers \$1,308,122 \$165,119 \$0 Total Net Patient Accounts Receivable and Third Party Payer Activity \$ 9,486,566 12,692,565 17,321,600 16 Total Net Patient Revenue \$107,034,385 \$115,157,319 \$128,976,157 **Average Payment Period** 52 51 52

\$14,881,417

\$109,395,647

\$104,850,513

\$4,545,134

\$16,293,781

\$121,166,696

\$116,480,970

\$4,685,726

\$18,732,974

\$136,022,982

\$131,135,343

\$4.887.639

17

20

18 Total Current Liabilities 19 Total Operating Expenses

Depreciation Expense

Total Operating Expenses less Depreciation Expense

	DAY KIMBALL HOS TWELVE MONTHS ACTU			
	FISCAL YEAR			
	REPORT 385 - PARENT CORPORATION CONSOLI		ATA ANALYSIS	
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
E.	Solvency Measures Summary			
1	Equity Financing Ratio	24.7	22.5	18.8
2	Total Net Assets	\$19,209,337	\$18,323,663	\$16,665,037
3	Total Assets	\$77,662,469	\$81,381,008	\$88,784,220
4	Cash Flow to Total Debt Ratio	21.2	13.4	16.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,738,817	(\$181,893)	\$867,638
6	Depreciation Expense	\$4,545,134	\$4,685,726	\$4,887,639
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,283,951	\$4,503,833	\$5,755,277
8	Total Current Liabilities	\$14,881,417	\$16,293,781	\$18,732,974
9	Total Long Term Debt	\$14,691,107	\$17,263,764	\$16,517,550
10	Total Current Liabilities and Total Long Term Debt	\$29,572,524	\$33,557,545	\$35,250,524
11	Long Term Debt to Capitalization Ratio	43.3	48.5	49.8
12	Total Long Term Debt	\$14,691,107	\$17,263,764	\$16,517,550
13	Total Net Assets	\$19,209,337	\$18,323,663	\$16,665,037
14	Total Long Term Debt and Total Net Assets	\$33,900,444	\$35,587,427	\$33,182,587

		DAY	/ KIMBALL HOSPIT	ΓAL				
		TWELVE	MONTHS ACTUAL					
			FISCAL YEAR 20					
	REPORT 40	0 - HOSPITAL IN	PATIENT BED UTIL	IZATION BY DEF	PARTMENT			
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
117	(2)	(3)	DISCHARGES	3(b)	(+)	(3)	OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	<u>DAYS</u>	# PATIENT		BEDS (A)	<u>BEDS</u>	BEDS (A)	<u>BEDS</u>
		10 -0-	2.450	0.000			0.4 =0.4	10.00/
1	Adult Medical/Surgical	10,737	3,179	3,022	36	72	81.7%	40.9%
2	ICU/CCU (Excludes Neonatal ICU)	582	67	0	6	9	26.6%	17.7%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,009	691	698	13	15	84.5%	73.2%
	TOTAL PSYCHIATRIC	4,009	691	698	13	15	84.5%	73.2%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,574	586	608	5	8	86.2%	53.9%
7	Newborn	1,521	607	617	5	18	83.3%	23.2%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
			0.1					
9	Pediatric	61	34	38	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	16,963	4,490	4,366	60	104	77.5%	44.7%
	TOTAL INPATIENT BED UTILIZATION	18,484	5,097	4,983	65	122	77.9%	41.5%
	TOTAL INPATIENT REPORTED YEAR	18,484	5,097	4,983	65	122	77.9%	41.5%
	TOTAL INPATIENT PRIOR YEAR	18,418	5,182	5,174	72	122	70.1%	41.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	66	-85	-191	-7	0	7.8%	0.1%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	0%	-2%	-4%	-10%	0%	11%	0%
	Total Licensed Beds and Bassinets	122						
(A) T	his number may not exceed the number of avail	able beds for ea	ch department or i	n total.				
Note	: Total discharges do not include ICU/CCU patie	nts.						

		Y KIMBALL HOSPITA			
	TWELVE	MONTHS ACTUAL			
		FISCAL YEAR 2012			
	REPORT 450 - HOSPITAL INPATIENT AN	ID OUTPATIENT OTH	HER SERVICES UTIL	IZATION AND FTE	S
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	<u>DIFFERENCE</u>
_					
	CT Scans (A)				
	Inpatient Scans	1,818	1,561	-257	-14%
	Outpatient Scans (Excluding Emergency Department Scans)	2 250	2.074	205	00/
	Emergency Department Scans	3,359 4,339	3,074 3,763	-285 -576	-8% -13%
	Other Non-Hospital Providers' Scans (A)	7,555	3,703	0	0%
	Total CT Scans	9,516	8,398	-1,118	-12%
В.	MRI Scans (A)				
1	Inpatient Scans	485	504	19	4%
	Outpatient Scans (Excluding Emergency Department				
	Scans)	4,444	4,948	504	11%
<u>3</u>	Emergency Department Scans Other Non-Hospital Providers' Scans (A)	165 0	158 0	-7 0	-4% 0%
	Total MRI Scans	5,094	5,61 0	516	
-	1 Old MIN Oddio	3,094	3,010	310	1070
C.	PET Scans (A)				
	Inpatient Scans	1	0	-1	-100%
	Outpatient Scans (Excluding Emergency Department				
	Scans)	152	161	9	6%
3	Emergency Department Scans	0	0	0	0%
	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	153	161	8	5%
D.	PET/CT Scans (A)				
	Inpatient Scans	0	0	0	0%
	Outpatient Scans (Excluding Emergency Department	0	0	0	0 76
	Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
	(A) If the Hospital is not the primary provider of the			scal year	
	volume of each of these types of scans from the	e primary provider of	the scans.		
E.	Linear Accelerator Procedures				
	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F.	Cardiac Catheterization Procedures				
	Inpatient Procedures	0	0	0	0%
	Outpatient Procedures	0		0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G.	Cardiac Angioplasty Procedures				
	Primary Procedures	0	0	0	0%
	Elective Procedures	0			0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
Н.	Electrophysiology Studies				
	Inpatient Studies	0	0	0	0%
	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I.	Surgical Procedures				
	Inpatient Surgical Procedures	711	722	11	2%
	Outpatient Surgical Procedures	3,057	3,008	-49	-2%
	Total Surgical Procedures	3,768	3,730	-38	-1%
J.	Endoscopy Procedures				

		KIMBALL HOSPITAL MONTHS ACTUAL FIL	ING		
	IWELVE	FISCAL YEAR 2012	LING		
	REPORT 450 - HOSPITAL INPATIENT AN		R SERVICES LITIL I	ZATION AND ETES	
	REI ORT 430 - HOOFTEE HIT ATTENT AR	D OOTI ATIENT OTTIE	K OLKVIOLO OTILI	ZATION AND ITES	'
(1)	(2)	(3)	(4)	(5)	(6)
. ,	, ,	` '	` '	` '	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	181	190	9	5%
2	Outpatient Endoscopy Procedures	3,446	3,584	138	4%
	Total Endoscopy Procedures	3,627	3,774	147	4%
1/	Harrist Francisco Branch Walter				
	Hospital Emergency Room Visits	2.504	2.005	000	70
	Emergency Room Visits: Treated and Admitted	3,521	3,285 24,726	-236	-7%
	Emergency Room Visits: Treated and Discharged Total Emergency Room Visits	25,284		-558 70 4	-2% -3%
	Total Emergency Room visits	28,805	28,011	-794	-37
L.	Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
	Dental Clinic Visits	0	0	0	0%
	Psychiatric Clinic Visits	6,918	9,511	2,593	37%
	Medical Clinic Visits	0,510	0,511	2,333	0%
	Specialty Clinic Visits	53,139	43,039	-10,100	-19%
	Total Hospital Clinic Visits	60,057	52,550	-7,507	-12%
	Other Hospital Outpatient Visits				
	Rehabilitation (PT/OT/ST)	79,151	78,067	-1,084	-1%
	Cardiology	3,493	3,762	269	8%
	Chemotherapy	674	828	154	23%
	Gastroenterology	3,446	3,584	138	4%
5	Other Outpatient Visits	140,911	145,964	5,053	4%
	Total Other Hospital Outpatient Visits	227,675	232,205	4,530	2%
	Handtel Cull Time Control of Control				
	Hospital Full Time Equivalent Employees Total Nursing FTEs	250.2	074.0	110	00
2	Total Physician FTEs	259.3 18.1	274.2 16.1	14.9 -2.0	6% -11%
3	Total Physician FTEs Total Non-Nursing and Non-Physician FTEs	525.4	545.1	-2.0 19.7	
3	Total Hospital Full Time Equivalent Employees	525.4 802.8	835.4	32.6	4% 4%
	Total Hospital Full Time Equivalent Employees	002.8	635.4	3∠.6	49

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2012** REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION (1) (2) (3) (4) (5) (6) % ACTUAL ACTUAL **AMOUNT** LINE DESCRIPTION FY 2011 FY 2012 DIFFERENCE DIFFERENCE A. **Outpatient Surgical Procedures** Day Kimball Hospital 3,057 3,008 -49 -2% Total Outpatient Surgical Procedures(A) 3,057 3,008 -49 -2% Outpatient Endoscopy Procedures В. 4% Day Kimball Hospital 3,446 3,584 138 Total Outpatient Endoscopy Procedures(B) 3,446 3,584 4% 138 **Outpatient Hospital Emergency Room Visits** C. 25,284 Day Kimball Hospital 24,726 -558 -2% **Total Outpatient Hospital Emergency Room Visits(** 25,284 24,726 -558 -2% (A) Must agree with Total Outpatient Surgical Procedures on Report 450. (B) Must agree with Total Outpatient Endoscopy Procedures on Report 450. (C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND DASELINE UNDERFATMENT DA	IA. COMIFARAT	IVE ANALIS	13	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
I.	DATA BY MAJOR PAYER CATEGORY				
A.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$29,781,665	\$30,239,942	\$458,277	2%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$19,521,934	\$17,000,400	(\$2,521,534)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	65.55%	56.22%	-9.33%	-14%
4	DISCHARGES	2,368	2,208	(160)	-7%
5	CASE MIX INDEX (CMI)	1.05360	1.14840	0.09480	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,494.92480	2,535.66720	40.74240	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,824.66	\$6,704.51	(\$1,120.15)	-14%
8	PATIENT DAYS	9,528	8,953	(575)	-6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,048.90	\$1,898.85	(\$150.05)	-7%
10	AVERAGE LENGTH OF STAY	4.0	4.1	0.0	1%
	MEDICARE OUTPATIENT				
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$41,182,256	\$50,947,177	\$9,764,921	24%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,999,796	\$22,330,119	\$3,330,323	18%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	46.14%	43.83%	-2.31%	-5%
	OUTPATIENT CHARGES / INPATIENT CHARGES	138.28%	168.48%	30.20%	22%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,274.48389	3,719.95974	445.47585	14%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,802.38	\$6,002.79	\$200.41	3%
	MEDICADE TOTAL O (INDATIENT OUTDATIENT)				
47	MEDICARE TOTALS (INPATIENT + OUTPATIENT) TOTAL ACCRUED CHARGES	#70 000 cc.	#04.407.44	#40.000.100	4.407
17	TOTAL ACCRUED CHARGES TOTAL ACCRUED PAYMENTS	\$70,963,921	\$81,187,119	\$10,223,198	14%
18		\$38,521,730	\$39,330,519	\$808,789	2%
19	TOTAL ALLOWANCES	\$32,442,191	\$41,856,600	\$9,414,409	29%

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BASELINE UNDERFATIMENT DA	TA. OOM AKAI	IVE AIVALIO		
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
B.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NOV COVERNMENT NO ATTEMP				
	NON-GOVERNMENT INPATIENT INPATIENT ACCRUED CHARGES	P45 750 040	645.047.045	(#405.007)	40/
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,753,042	\$15,647,815	(\$105,227)	-1%
	INPATIENT ACCROED PAYMENTS (IP PWT) INPATIENT PAYMENTS / INPATIENT CHARGES	\$9,666,956	\$7,925,362	(\$1,741,594)	-18%
	DISCHARGES	61.37%	50.65%	-10.72%	-17%
	CASE MIX INDEX (CMI)	1,542	1,425	(117)	-8%
		1.13800	1.05430	(0.08370)	-7%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,754.79600	1,502.37750	(252.41850)	-14%
	INPATIENT ACCRUED PAYMENT / CMAD	\$5,508.88	\$5,275.21	(\$233.66)	-4%
	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$2,315.78	\$1,429.29	(\$886.49)	-38%
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,063,723	\$2,147,339	(\$1,916,384)	-47%
	PATIENT DAYS	4,621	4,316	(305)	-7%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,091.96	\$1,836.27	(\$255.69)	-12%
12	AVERAGE LENGTH OF STAY	3.0	3.0	0.0	1%
	NON-GOVERNMENT OUTPATIENT				
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$61,741,157	\$70,042,640	\$8,301,483	13%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$37,436,730	\$41,781,318	\$4,344,588	12%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	60.63%	59.65%	-0.98%	-2%
	OUTPATIENT CHARGES / INPATIENT CHARGES	391.93%	447.62%	55.69%	14%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,043.58600	6,378.57503	334.98903	6%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,194.46	\$6,550.26	\$355.80	6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$392.08)	(\$547.47)	(\$155.40)	40%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,369,555)	(\$3,492,103)	(\$1,122,548)	47%
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$77,494,199	\$85,690,455	\$8,196,256	11%
22	TOTAL ACCRUED PAYMENTS	\$47,103,686	\$49,706,680	\$2,602,994	6%
23	TOTAL ALLOWANCES	\$30,390,513	\$35,983,775	\$5,593,262	18%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,694,169	(\$1,344,763)	(\$3,038,932)	-179%
		¥1,000 ij.000	(4.,0,)	(+0,000,000)	
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$77,494,168	\$85,690,455	\$8,196,287	11%
	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$47,103,685	\$49,706,680	\$2,602,995	6%
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	. , . , . , . , . ,	. , ,	. ,	
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,390,483	\$35,983,775	\$5,593,292	18%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.22%	41.99%	2.78%	

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$769,040	\$989,974	\$220,934	29%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$41,964	\$50,127	\$8,163	19%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.46%	5.06%	-0.39%	-7%
•	DISCHARGES	69	71	2	3%
	CASE MIX INDEX (CMI)	0.76760	0.95210	0.18450	24%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	52.96440	67.59910	14.63470	28%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$792.31	\$741.53	(\$50.77)	-6%
	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$4,716.57	\$4,533.68	(\$182.89)	-4%
	MEDICARE - UNINSURED IP PMT / CMAD	\$7,032.35	\$5,962.97	(\$1,069.38)	-15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$372,464	\$403,092	\$30,627	8%
11	PATIENT DAYS	183	192	9	5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$229.31	\$261.08	\$31.77	14%
13	AVERAGE LENGTH OF STAY	2.7	2.7	0.1	2%
	UNINSURED OUTPATIENT				
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,849,694	\$3,653,944	\$804,250	28%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$128,404	\$150,941	\$22,537	18%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.51%	4.13%	-0.37%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	370.55%	369.09%	-1.46%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	255.68096	262.05741	6.37645	2%
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$502.20	\$575.98	\$73.78	15%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,692.25	\$5,974.27	\$282.02	5%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,300.17	\$5,426.80	\$126.63	2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,355,154	\$1,422,133	\$66,980	5%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$3,618,734	\$4,643,918	\$1,025,184	28%
24	TOTAL ACCRUED PAYMENTS	\$170,368	\$201,068	\$30,700	18%
25	TOTAL ALLOWANCES	\$3,448,366	\$4,442,850	\$994,484	29%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,727,618	\$1,825,225	\$97,607	6%

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
D.	STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$10,075,529	\$14,050,362	\$3,974,833	39%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,978,426	\$6,728,533	\$1,750,107	35%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.41%	47.89%	-1.52%	-3%
	DISCHARGES	1,240	1,427	187	15%
	CASE MIX INDEX (CMI)	0.69320	0.83000	0.13680	20%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	859.56800	1,184.41000	324.84200	38%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,791.78	\$5,680.92	(\$110.86)	-2%
	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	(\$282.90)	(\$405.70)	(\$122.80)	43%
	MEDICARE - MEDICAID IP PMT / CMAD	\$2,032.88	\$1,023.59	(\$1,009.29)	-50%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,747,400	\$1,212,353	(\$535,047)	-31%
	PATIENT DAYS	4,183	5,131	948	23%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,190.16	\$1,311.35	\$121.19	10%
13	AVERAGE LENGTH OF STAY	3.4	3.6	0.2	7%
	MEDICAID OUTPATIENT				
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$24,110,696	\$29,869,017	\$5,758,321	24%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,301,573	\$12,291,299	\$1,989,726	19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.73%	41.15%	-1.58%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	239.30%	212.59%	-26.71%	-11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,967.31447	3,033.59353	66.27906	2%
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,471.68	\$4,051.73	\$580.05	17%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,722.77	\$2,498.53	(\$224.24)	-8%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,330.70	\$1,951.06	(\$379.64)	-16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,915,910	\$5,918,711	(\$997,199)	-14%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$34,186,225	\$43,919,379	\$9,733,154	28%
24	TOTAL ACCRUED PAYMENTS	\$15,279,999	\$19,019,832	\$3,739,833	24%
25	TOTAL ALLOWANCES	\$18,906,226	\$24,899,547	\$5,993,321	32%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,663,310	\$7,131,064	(\$1,532,246)	-18%

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$5,508.88	\$5,275.21	(\$233.66)	-4%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,824.66	\$6,704.51	(\$1,120.15)	-14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	PATIENT DAYS	0	0	-	0%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$6,194.46	\$6,550.26	\$355.80	6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,802.38	\$6,002.79	\$200.41	3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
		ΨΟ	ΨΟ	ΨΟ	070
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BACKLINE CHOCK! ATMENT DA	IA. OOMII AKAI	IVE ANALIO		
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL A	SSISTANCE)			
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$10,075,529	\$14,050,362	\$3,974,833	39%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,978,426	\$6,728,533	\$1,750,107	35%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.41%	47.89%	-1.52%	-3%
4	DISCHARGES	1,240	1,427	187	15%
5	CASE MIX INDEX (CMI)	0.69320	0.83000	0.13680	20%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	859.56800	1,184.41000	324.84200	38%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,791.78	\$5,680.92	(\$110.86)	-2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	(\$282.90)	(\$405.70)	(\$122.80)	43%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,032.88	\$1,023.59	(\$1,009.29)	-50%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,747,400	\$1,212,353	(\$535,047)	-31%
11	PATIENT DAYS	4,183	5,131	948	23%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,190.16	\$1,311.35	\$121.19	10%
13	AVERAGE LENGTH OF STAY	3.4	3.6	0.2	7%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$24,110,696	\$29,869,017	\$5,758,321	24%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,301,573	\$12,291,299	\$1,989,726	19%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.73%	41.15%	-1.58%	-4%
	OUTPATIENT CHARGES / INPATIENT CHARGES	239.30%	212.59%	-26.71%	-11%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,967.31447	3,033.59353	66.27906	2%
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,471.68	\$4,051.73	\$580.05	17%
	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,722.77	\$2,498.53	(\$224.24)	-8%
	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,330.70	\$1,951.06	(\$379.64)	-16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,915,910	\$5,918,711	(\$997,199)	-14%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$34,186,225	\$43,919,379	\$9,733,154	28%
24	TOTAL ACCRUED PAYMENTS	\$15,279,999	\$19,019,832	\$3,739,833	24%
25	TOTAL ALLOWANCES	\$18,906,226	\$24,899,547	\$5,993,321	32%

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
		ACTUAL	ACTUAL	AMOUNT	%		
		ACTUAL	ACTUAL		,,,		
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE		
G.	CHAMPUS / TRICARE						
	CHAMPUS / TRICARE INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$236,963	\$323,493	\$86,530	37%		
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$102,259	\$89,377	(\$12,882)	-13%		
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.15%	27.63%	-15.53%	-36%		
4	DISCHARGES	32	37	5	16%		
5	CASE MIX INDEX (CMI)	0.55510	0.54180	(0.01330)	-2%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	17.76320	20.04660	2.28340	13%		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,756.79	\$4,458.46	(\$1,298.33)	-23%		
8	PATIENT DAYS	86	84	(2)	-2%		
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,189.06	\$1,064.01	(\$125.05)	-11%		
10	AVERAGE LENGTH OF STAY	2.7	2.3	(0.4)	-16%		
	CHAMPUS / TRICARE OUTPATIENT						
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,117,683	\$1,203,246	\$85,563	8%		
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$515,570	\$478,311	(\$37,259)	-7%		
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)						
13	TOTAL ACCRUED CHARGES	\$1,354,646	\$1,526,739	\$172,093	13%		
14	TOTAL ACCRUED PAYMENTS	\$617,829	\$567,688	(\$50,141)	-8%		
15	TOTAL ALLOWANCES	\$736,817	\$959,051	\$222,234	30%		
Н.	OTHER DATA						
1	OTHER OPERATING REVENUE	\$3,673,638	\$6,224,434	\$2,550,796	69%		
2	TOTAL OPERATING EXPENSES	\$108,436,817	\$115,241,429	\$6,804,612	6%		
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%		
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)						
	CHARITY CARE (CHARGES)	\$446,519	\$710,098	\$263,579	59%		
	BAD DEBTS (CHARGES)	\$3,354,712	\$3,462,360	\$107,648	3%		
	UNCOMPENSATED CARE (CHARGES)	\$3,801,231	\$4,172,458	\$371,227	10%		
	COST OF UNCOMPENSATED CARE	\$2,018,198	\$2,051,611	\$33,413	2%		
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)						
	TOTAL ACCRUED CHARGES	\$34,186,225	\$43,919,379	\$9,733,154	28%		
9	TOTAL ACCRUED PAYMENTS	\$15,279,999	\$19,019,832	\$3,739,833	24%		
	COST OF TOTAL MEDICAL ASSISTANCE	\$18,150,586	\$21,595,301	\$3,444,715	19%		
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,870,587	\$2,575,469	(\$295,118)	-10%		

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
LINE	<u>DESCRIPTION</u>	F1 2011	F1 2012	DIFFERENCE	DIFFERENCE
	ACCRECATE DATA				
II.	AGGREGATE DATA				
	TOTALS - ALL PAYERS				
A.	TOTAL INPATIENT CHARGES	\$55,847,199	\$60,261,612	\$4,414,413	8%
2	TOTAL INPATIENT CHARGES TOTAL INPATIENT PAYMENTS	\$34,269,575	\$31,743,672	(\$2,525,903)	-7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	61.36%	52.68%	-8.69%	-14%
4	TOTAL DISCHARGES	5.182	52.68%	-8.69%	-14%
5	TOTAL CASE MIX INDEX	0.98940	1.02855	0.03915	-2% 4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	5.127.05200	5.242.50130	115.44930	2%
7	TOTAL CASE MIX ADJUSTED DISCHARGES TOTAL OUTPATIENT CHARGES	-,	\$152,062,080		19%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	\$128,151,792		\$23,910,288	
9	TOTAL OUTPATIENT PAYMENTS	229.47%	252.34%	22.87%	10%
	OUTPATIENT PAYMENTS OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	\$67,253,669	\$76,881,047	\$9,627,378	
10		52.48%	50.56%	-1.92%	-4%
11	TOTAL CHARGES	\$183,998,991	\$212,323,692	\$28,324,701	15%
12	TOTAL PAYMENTS	\$101,523,244	\$108,624,719	\$7,101,475	7%
13	TOTAL PAYMENTS / TOTAL CHARGES	55.18%	51.16%	-4.02%	-7%
14	PATIENT DAYS	18,418	18,484	66	0%
	TOTALS, ALL COVERNMENT DAVERS				
B.	TOTALS - ALL GOVERNMENT PAYERS INPATIENT CHARGES	\$40,094,157	\$44.613.797	\$4.519.640	11%
2	INPATIENT CHARGES INPATIENT PAYMENTS	\$40,094,157	\$23,818,310	(\$784,309)	-3%
	GOVT. INPATIENT PAYMENTS / CHARGES	1 1 1		(, , ,	
3	DISCHARGES	61.36%	53.39%	-7.97%	-13%
4	CASE MIX INDEX	3,640	3,672	32	1%
5	CASE MIX ADJUSTED DISCHARGES	0.92644	1.01855	0.09211	10%
6	OUTPATIENT CHARGES	3,372.25600	3,740.12380	367.86780	11%
7	OUTPATIENT CHARGES / INPATIENT CHARGES	\$66,410,635	\$82,019,440	\$15,608,805	24%
8	OUTPATIENT CHARGES / INPATIENT CHARGES OUTPATIENT PAYMENTS	165.64%	183.84%	18.21%	11%
9	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	\$29,816,939	\$35,099,729	\$5,282,790	18%
10		44.90%	42.79%	-2.10%	-5%
11	TOTAL CHARGES	\$106,504,792	\$126,633,237	\$20,128,445	19%
12	TOTAL PAYMENTS	\$54,419,558	\$58,918,039	\$4,498,481	8%
13	TOTAL PAYMENTS / CHARGES	51.10%	46.53%	-4.57%	-9%
14	PATIENT DAYS	13,797	14,168	371	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$52,085,234	\$67,715,198	\$15,629,964	30%
_	AVERAGE LENGTH OF OTAY				
C.	AVERAGE LENGTH OF STAY	1.0			
1	MEDICARE	4.0	4.1	0.0	1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.0	0.0	1%
3	UNINSURED	2.7	2.7	0.1	2%
4	MEDICAID	3.4	3.6	0.2	7%
5	OTHER MEDICAL ASSISTANCE	-		-	0%
6	CHAMPUS / TRICARE	2.7	2.3	(0.4)	-16%
7	TOTAL AVERAGE LENGTH OF STAY	3.6	3.6	0.1	2%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$183,998,991	\$212,323,692	\$28,324,701	15%
2	TOTAL GOVERNMENT DEDUCTIONS	\$52,085,234	\$67,715,198	\$15,629,964	30%
3	UNCOMPENSATED CARE	\$3,801,231	\$4,172,458	\$371,227	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,390,483	\$35,983,775	\$5,593,292	18%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$30,954	\$52,012	\$21,058	68%
6	TOTAL ADJUSTMENTS	\$86,307,902	\$107,923,443	\$21,615,541	25%
7	TOTAL ACCRUED PAYMENTS	\$97,691,089	\$104,400,249	\$6,709,160	7%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$97,691,089	\$104,400,249	\$6,709,160	7%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5309327430	0.4917032481	(0.0392294949)	-7%
11	COST OF UNCOMPENSATED CARE	\$2,018,198	\$2,051,611	\$33,413	2%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,870,587	\$2,575,469	(\$295,118)	-10%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$4,888,785	\$4,627,080	(\$261,705)	-5%
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$6,915,910	\$5,918,711	(\$997,199)	-14%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,727,618	\$1,825,225	\$97,607	6%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,643,528	\$7,743,936	(\$899,592)	-10%
٧.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600				
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,357,510	\$3,136,868	(\$1,220,642)	-28.01%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$4,357,510	\$4,780,586	(\$1,220,642)	-28.01%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$106,400,269	\$113,405,335	\$7,005,066	6.58%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$106,400,269	\$113,405,335	\$7,005,066	0.00%
5	GROSS REVENUE FROM HOSP AUDIT. FINANCIAL STATEMENTS	\$183,998,961	\$212,323,722	\$28,324,761	15.39%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$183,998,961	\$75,774	(\$4,694)	-5.83%
7	UNCOMP, CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,881,699	\$4,248,232	(\$4,694) \$366.533	9.44%
- /	ONCOMIT. OAKE TROMITION THE AUDITED FINANCIAE STATEMENTS	φ3,001,099	φ4,240,232		3.4470

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	DAY KIMBALL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012			
	REPORT 550 - CALCULATION OF DSH UPPER PAYN	MENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			-
(1)	(2)	(3)	(4)	(5)
	ı	ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE
T	ACCRUED CHARGES AND PAYMENTS		_	
I.	ACCRUED CHARGES AND PATIMENTS	+ +		
	INPATIENT ACCRUED CHARGES	\$:= =F0.040		(\$: 05,007)
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$15,753,042 \$29,781,665	\$15,647,815 30,239,942	(\$105,227) \$458,277
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,075,529	14,050,362	\$3,974,833
4	MEDICAID	\$10,075,529	14,050,362	\$3,974,833
-	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$0 \$236,963	0 323.493	\$0 \$86,530
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$236,963 \$769,040	323,493 989,974	\$86,530 \$220,934
	TOTAL INPATIENT GOVERNMENT CHARGES	\$40,094,157	\$44,613,797	\$4,519,640
لــــــــــــــــــــــــــــــــــــــ	TOTAL INPATIENT CHARGES	\$55,847,199	\$60,261,612	\$4,414,413
B.	OUTPATIENT ACCRUED CHARGES	+		
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,741,157	\$70,042,640	\$8,301,483
	MEDICARE	\$41,182,256	50,947,177	\$9,764,921
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$24,110,696 \$24,110,696	29,869,017 29,869,017	\$5,758,321 \$5,758,321
	OTHER MEDICAL ASSISTANCE	\$24,110,696	29,869,017	\$5,758,321
6	CHAMPUS / TRICARE	\$1,117,683	1,203,246	\$85,563
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,849,694	3,653,944	\$804,250
	TOTAL OUTPATIENT GOVERNMENT CHARGES TOTAL OUTPATIENT CHARGES	\$66,410,635 \$128,151,792	\$82,019,440 \$152,062,080	\$15,608,805 \$23,910,288
$\vdash \vdash \vdash$	TOTAL OUTPATIENT CHARGES	\$120,131,13L	\$152,002,000	₽ £3,310,£00
	TOTAL ACCRUED CHARGES			
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,494,199	\$85,690,455	\$8,196,256
	TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$70,963,921 \$34,186,225	\$81,187,119 \$43,919,379	\$10,223,198 \$9,733,154
4	TOTAL MEDICAID	\$34,186,225	\$43,919,379	\$9,733,154
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
	TOTAL CHAMPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,354,646 \$3,618,734	\$1,526,739 \$4,643,918	\$172,093 \$1.025.184
	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT CHARGES	\$3,618,734 \$106,504,792	\$4,643,918 \$126,633,237	\$1,025,184 \$20,128,445
	TOTAL CHARGES	\$183,998,991	\$212,323,692	\$28,324,701
D.	INPATIENT ACCRUED PAYMENTS	+		
_	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,666,956	\$7,925,362	(\$1,741,594)
2	MEDICARE	\$19,521,934	17,000,400	(\$2,521,534)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,978,426 \$4,078,426	6,728,533	\$1,750,107 \$1,750,107
	MEDICAID OTHER MEDICAL ASSISTANCE	\$4,978,426 \$0	6,728,533 0	\$1,750,107 \$0
6	CHAMPUS / TRICARE	\$102,259	89,377	(\$12,882)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$41,964	50,127	\$8,163
	TOTAL INPATIENT GOVERNMENT PAYMENTS TOTAL INPATIENT PAYMENTS	\$24,602,619 \$34,269,575	\$23,818,310 \$31,743,672	(\$784,309) (\$2,525,903)
	TOTAL INPATIENT PATWIENTS	φ34, ∠ 03,313	₽31,143,012	(ΨΖ,ΟΖΟ,ΘΟΟ)
	OUTPATIENT ACCRUED PAYMENTS			
_	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,436,730	\$41,781,318	\$4,344,588
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,999,796 \$10,301,573	22,330,119 12,291,299	\$3,330,323 \$1,989,726
4	MEDICAID	\$10,301,573	12,291,299	\$1,989,726
	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$515,570 \$128,404	478,311 150,941	(\$37,259) \$22,537
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$128,404 \$29,816,939	\$35,099,729	\$22,537 \$5,282,790
	TOTAL OUTPATIENT PAYMENTS	\$67,253,669	\$76,881,047	\$9,627,378
F.	TOTAL ACCRUED PAYMENTS	+		
	TOTAL ACCRUED FATMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$47,103,686	\$49,706,680	\$2,602,994
2	TOTAL MEDICARE	\$38,521,730	\$39,330,519	\$808,789
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,279,999	\$19,019,832	\$3,739,833
	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$15,279,999 \$0	\$19,019,832 \$0	\$3,739,833 \$0
	TOTAL OTHER MEDICAL ASSISTANCE TOTAL CHAMPUS / TRICARE	\$617,829	\$567,688	(\$50,141)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$170,368	\$201,068	\$30,700
	TOTAL GOVERNMENT PAYMENTS	\$54,419,558	\$58,918,039	\$4,498,481
$\vdash \vdash$	TOTAL PAYMENTS	\$101,523,244	\$108,624,719	\$7,101,475
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	DAY KIMBALL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2012			
		ENIT I INNET AND		
	REPORT 550 - CALCULATION OF DSH UPPER PAYMING THE PAYM	ENI LIMII AND		
	BASELINE UNDERPAYMENT DATA			
		45)	40	
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
IINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE
LIIVL	DESCRIPTION	112011	1 1 2012	DITTERCHOL
II.	PAYER MIX			
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8.56%	7.37%	-1.19%
	MEDICARE CONTROL (NO. 1991) OF CONTROL ASSISTANCE (NO. 1991)	16.19%	14.24%	-1.94%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.48%	6.62%	1.14%
	MEDICAID OTHER MEDICAL ASSISTANCE	5.48%	6.62%	1.14%
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.00% 0.13%	0.00% 0.15%	0.00% 0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.13%	0.15%	0.02%
<u> </u>	TOTAL INPATIENT GOVERNMENT PAYER MIX	21.79%	21.01%	-0.78%
	TOTAL INPATIENT PAYER MIX	30.35%	28.38%	-1.97%
B.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.56%	32.99%	-0.57%
	MEDICARE (NO. 100 P. 10	22.38%	24.00%	1.61%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.10%	14.07%	0.96%
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	13.10% 0.00%	14.07% 0.00%	0.96% 0.00%
	CHAMPUS / TRICARE	0.61%	0.57%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.55%	1.72%	0.17%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	36.09%	38.63%	2.54%
	TOTAL OUTPATIENT PAYER MIX	69.65%	71.62%	1.97%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
	NON COVERNMENT (INCLUDING SELF DAY / LININGLIDED)	0.500/	7 200/	0.000/
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	9.52% 19.23%	7.30% 15.65%	-2.23% -3.58%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.90%	6.19%	1.29%
	MEDICAID	4.90%	6.19%	1.29%
	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.10%	0.08%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.04%	0.05%	0.00%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	24.23%	21.93%	-2.31%
	TOTAL INPATIENT PAYER MIX	33.76%	29.22%	-4.53%
<u> </u>	OUTDATIENT DAVED MIV DAGED ON ACCOURT DAVMENTS			
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.88%	38.46%	1.59%
	MEDICARE	18.71%	20.56%	1.84%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.15%	11.32%	1.17%
4	MEDICAID	10.15%	11.32%	1.17%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.51%	0.44%	-0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.13%	0.14%	0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	29.37%	32.31%	2.94%
	TOTAL OUTPATIENT PAYER MIX	66.24%	70.78%	4.53%
 	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100 000/	0.00%
	TOTAL FAILN MIN DAGED ON ACCUSED FAIMENTS	100.00%	100.00%	0.00%
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	DAY KIMBALI, HOCDITAL			
	DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2012			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
		(2)		(=)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE
	DISCHARGES DATIENT DAVE ALOS CASE MIVINDEY AND OTHER REQUIRE	DATA		
1111.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED	DATA		
Α.	DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,542	1,425	(117)
2	MEDICARE	2,368	2,208	(160)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,240	1,427	187
_	MEDICAID OTHER MEDICAL ASSISTANCE	1,240 0	1,427 0	187
	CHAMPUS / TRICARE	32	37	5
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	69	71	2
<u> </u>	TOTAL GOVERNMENT DISCHARGES TOTAL DISCHARGES	3,640	3,672 5,007	32 (85)
	TOTAL DISONARGES	5,182	5,097	(85)
В.	PATIENT DAYS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,621	4,316	(305)
	MEDICARE	9,528	8,953	(575)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,183	5,131	948
	MEDICAID OTHER MEDICAL ASSISTANCE	4,183 0	5,131 0	948
	CHAMPUS / TRICARE	86	84	(2)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	183	192	9
	TOTAL GOVERNMENT PATIENT DAYS	13,797	14,168	371
	TOTAL PATIENT DAYS	18,418	18,484	66
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.0	0.0
	MEDICARE	3.0 4.0	4.1	0.0
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.4	3.6	0.2
	MEDICAID OTHER MEDICAL ASSISTANCE	3.4 0.0	3.6	0.2
	CHAMPUS / TRICARE	2.7	0.0 2.3	(0.4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.7	2.7	0.1
	TOTAL AVERAGE LENGTH OF STAY	3.8	3.9	0.1
	TOTAL AVERAGE LENGTH OF STAY	3.6	3.6	0.1
D.	CASE MIX INDEX			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13800	1.05430	(0.08370)
	MEDICARE	1.05360	1.14840	0.09480
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.69320	0.83000	0.13680
	MEDICAID	0.69320	0.83000	0.13680
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.00000 0.55510	0.00000 0.54180	0.00000 (0.01330)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.76760	0.95210	0.18450
	TOTAL GOVERNMENT CASE MIX INDEX	0.92644	1.01855	0.09211
	TOTAL CASE MIX INDEX	0.98940	1.02855	0.03915
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$77,494,168	\$85,690,455	\$8,196,287
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,103,685	\$49,706,680	\$2,602,995
<u> </u>	(PDIOD TO ANY DEDUCTION FOR UNIQUE PROPERTY OF THE CARE)			
3	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE) TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,390,483	\$35,983,775	\$5,593,292
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.22%	41.99%	2.78%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,357,510	\$3,136,868	(\$1,220,642)
6 7	EMPLOYEE SELF INSURANCE ALLOWANCE UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT	\$30,954 \$0	\$52,012 \$0	\$21,058
l	ADJUSTMENT-OHCA INPUT)	Φ0	Φ0	\$0
8	CHARITY CARE	\$446,519	\$710,098	\$263,579
	BAD DEBTS	\$3,354,712	\$3,462,360	\$107,648
10 11	TOTAL UNCOMPENSATED CARE TOTAL OTHER OPERATING REVENUE	\$3,801,231 \$77,494,168	\$4,172,458 \$85,690,455	\$371,227 \$8,196,287
	TOTAL OTHER OPERATING REVENUE TOTAL OPERATING EXPENSES	\$108,436,817	\$115,241,429	\$6,804,612
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	DAY KIMBALL HOSPITAL						
	TWELVE MONTHS ACTUAL FILING						
	FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
	BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	AMOUNT			
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE			
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS						
Α.	CASE MIX ADJUSTED DISCHARGES						
		4 == 4 == 000		(0=0 110=0			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	1,754.79600 2,494.92480	1,502.37750 2,535.66720	(252.41850 40.74240			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	859.56800	1,184.41000	324.84200			
	MEDICAID	859.56800	1,184.41000	324.84200			
	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000			
6	CHAMPUS / TRICARE	17.76320	20.04660	2.28340			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	52.96440	67.59910	14.63470			
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	3,372.25600	3,740.12380	367.86780			
	TOTAL CASE MIX ADJUSTED DISCHARGES	5,127.05200	5,242.50130	115.44930			
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)						
	NON CONTENT (NOT UPING OF FRANCIAN INC.	0.040.50000	0.070.57500	20.1.2022			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	6,043.58600 3,274.48389	6,378.57503 3,719.95974	334.98903 445.4758			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,967.31447	3,033.59353	66.2790			
	MEDICAID	2,967.31447	3,033.59353	66.27906			
	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000			
6	CHAMPUS / TRICARE	150.93435	137.62308	-13.3112			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	255.68096	262.05741	6.3764			
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,392.73271	6,891.17635	498.4436			
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	12,436.31871	13,269.75138	833.4326			
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,508.88	\$5,275.21	(\$233.66			
	MEDICARE	\$7,824.66	\$6,704.51	(\$1,120.15			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,791.78	\$5,680.92	(\$110.86			
	MEDICAID	\$5,791.78	\$5,680.92	(\$110.86			
	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00			
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,756.79 \$792.31	\$4,458.46 \$741.53	(\$1,298.33) (\$50.77			
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,295.60	\$6,368.32	(\$927.28			
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,684.07	\$6,055.06	(\$629.01			
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,194.46	\$6,550.26	\$355.80			
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,802.38 \$3,471.68	\$6,002.79 \$4,051.73	\$200.41 \$580.05			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,471.68	\$4,051.73	\$580.05			
	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00			
	CHAMPUS / TRICARE	\$3,415.86	\$3,475.51	\$59.66			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$502.20	\$575.98	\$73.78			
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE						
	TOTAL OUTDATION TO AVAIGNT DED OUTDATION TO THE STATE OF	\$4,664.19	\$5,093.43	\$429.24			
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,407.84	\$5,793.71	\$385.86			

	DAY KIMBALL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2012			
	REPORT 550 - CALCULATION OF DSH UPPER PAYN	MENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		` '	` '	
		ACTUAL	ACTUAL	AMOUNT
LINE	<u>DESCRIPTION</u>	FY 2011	FY 2012	DIFFERENCE
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$6,915,910	\$5,918,711	(\$997,199
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,727,618	\$1,825,225	\$97,607
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,643,528	\$7,743,936	(\$899,592
				,
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODO	LOGY)		
1	TOTAL CHARGES	\$183,998,991	\$212,323,692	\$28,324,701
2	TOTAL GOVERNMENT DEDUCTIONS	\$52,085,234	\$67,715,198	\$15,629,964
3	UNCOMPENSATED CARE	\$3,801,231	\$4,172,458	\$371,227
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,390,483	\$35,983,775	\$5,593,292
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$30,954	\$52,012	\$21,058
6	TOTAL ADJUSTMENTS	\$86,307,902	\$107,923,443	\$21,615,541
7	TOTAL ACCRUED PAYMENTS	\$97,691,089	\$104,400,249	\$6,709,160
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0 \$6,700,460
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$97,691,089 0.5309327430	\$104,400,249 0.4917032481	\$6,709,160 (0.0392294949
10 11	RATIO OF NET REVENUE TO TOTAL CHARGES COST OF UNCOMPENSATED CARE	\$2,018,198	\$2,051,611	\$33,413
	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,870,587	\$2,575,469	(\$295,118
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	(Ψ233,116 \$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	ΨΟ	ΨΟ	Ψ
		\$4,888,785	\$4,627,080	(\$261,705
		ψ 1,000,100	ψ 1,027,000	(\$201)100
	RATIOS			
VII.				
VII.				
	DATIO OF INDATIENT DAYMENTS TO INDATIENT CHARGES			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / LININSLIPED)	61 37%	50 65%	-10 729
A. 1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	61.37% 65.55%	50.65% 56.22%	
A. 1 2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	65.55%	56.22%	-9.33%
A. 1 2 3	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	65.55% 49.41%	56.22% 47.89%	-9.33% -1.52%
A. 1 2 3 4	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	65.55%	56.22%	-9.33% -1.52% -1.52%
A. 1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	65.55% 49.41% 49.41%	56.22% 47.89% 47.89%	-9.33% -1.52% -1.52% 0.00%
A. 1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE	65.55% 49.41% 49.41% 0.00%	56.22% 47.89% 47.89% 0.00%	-9.339 -1.529 -1.529 0.009 -15.539
A. 1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	65.55% 49.41% 49.41% 0.00% 43.15%	56.22% 47.89% 47.89% 0.00% 27.63%	-9.339 -1.529 -1.529 0.009 -15.539
A. 1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	65.55% 49.41% 49.41% 0.00% 43.15%	56.22% 47.89% 47.89% 0.00% 27.63%	-9.339 -1.529 -1.529 0.009 -15.539 -0.399
A. 1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	65.55% 49.41% 49.41% 0.00% 43.15% 5.46%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06%	-9.339 -1.529 -1.529 0.009 -15.539 -0.399
A. 1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06%	-9.339 -1.529 -1.529 0.009 -15.539 -0.399
A. 1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06% 53.39%	-9.339 -1.529 -1.529 0.009 -15.539 -0.399 -7.979 -8.699
A. 1 2 3 4 5 6 7	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36% 61.36%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06% 53.39% 52.68%	-9.339 -1.529 -1.529 0.009 -15.539 -0.399 -7.979 -8.699
A. 1 2 3 4 5 6 7	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36% 61.36% 60.63% 46.14%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06% 53.39% 52.68%	-9.339 -1.529 -1.529 0.009 -15.539 -0.399 -7.979 -8.699
A. 1 2 3 4 5 6 7	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36% 61.36% 60.63% 46.14% 42.73%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06% 53.39% 52.68% 43.83% 41.15%	-9.339 -1.529 -1.529 0.009 -15.539 -0.399 -7.979 -8.699
A. 1 2 3 4 5 6 7	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES MON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36% 61.36% 60.63% 46.14% 42.73% 42.73%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06% 53.39% 52.68% 43.83% 41.15%	-9.339 -1.529 -1.529 -1.539 -1.539 -0.399 -7.979 -8.699 -0.989 -2.319 -1.589 -1.589
A. 1 2 3 4 5 6 7 7 B. 1 2 3 4 5 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36% 61.36% 60.63% 46.14% 42.73% 42.73% 0.00%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06% 53.39% 52.68% 43.83% 41.15% 41.15% 0.00%	-9.339 -1.529 -1.529 -0.009 -15.539 -0.399 -7.979 -8.699 -0.989 -1.589 -1.589 -0.009
A. 1 2 3 4 5 6 6 7 B. 1 2 3 4 5 5 6	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36% 61.36% 60.63% 46.14% 42.73% 42.73% 0.00% 46.13%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06% 53.39% 52.68% 43.83% 41.15% 41.15% 0.00% 39.75%	-9.339 -1.529 -1.529 -0.009 -15.539 -0.399 -7.979 -8.699 -0.989 -2.319 -1.589 -1.589 -0.009 -6.389
A. 1 2 3 4 5 6 7 7 B. 1 2 3 4 5 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES TOTAL RATIO OF INPATIENT PAYMENTS TO UTPATIENT CHARGES RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36% 61.36% 60.63% 46.14% 42.73% 42.73% 0.00%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06% 53.39% 52.68% 43.83% 41.15% 41.15% 0.00%	-9.339 -1.529 -1.529 0.009 -15.539 -0.399 -7.979 -8.699 -0.989 -2.319 -1.589 -1.589 0.009 -6.389
A. 1 2 3 4 5 6 6 7 B. 1 2 3 3 4 5 6 6	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36% 61.36% 46.14% 42.73% 42.73% 0.00% 46.13% 4.51%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06% 53.39% 52.68% 43.83% 41.15% 0.00% 39.75% 4.13%	-10.729 -9.339 -1.529 -1.529 0.009 -15.539 -0.399 -7.979 -8.699 -0.989 -2.319 -1.589 -1.589 -1.589 -0.009 -6.389
A. 1 2 3 4 5 6 7 7 B. 1 2 3 4 5 5 6	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES TOTAL RATIO OF INPATIENT PAYMENTS TO UTPATIENT CHARGES RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	65.55% 49.41% 49.41% 0.00% 43.15% 5.46% 61.36% 61.36% 60.63% 46.14% 42.73% 42.73% 0.00% 46.13%	56.22% 47.89% 47.89% 0.00% 27.63% 5.06% 53.39% 52.68% 43.83% 41.15% 41.15% 0.00% 39.75%	-9.339 -1.529 -1.529 0.009 -15.539 -0.399 -7.979 -8.699 -0.989 -2.319 -1.589 -1.589 0.009 -6.389

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	DAY KIMBALL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2012			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2011</u>	ACTUAL <u>FY 2012</u>	AMOUNT <u>DIFFERENCE</u>
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIA	TIONS		
V 111.	NET REVERSE; GROSS REVERSE ARE GROSSIII ERSATES GARE REGOTOLET	ATTOTAGE ATTO		
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	<u>s</u>		
	TOTAL ACCOUNT DAYS		0.000.001.5	AT 101 :==
2	TOTAL ACCRUED PAYMENTS PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.)	\$101,523,244	\$108,624,719	\$7,101,475 \$0
	(OHCA INPUT)	\$0	\$0	ΨΟ
	OHCA DEFINED NET REVENUE	\$101,523,244	\$108,624,719	\$7,101,475
2	DILLE (MAINLE) OTHER AD HISTAGAITS TO OLICA DEFINED MET DEVENUE	\$4.877.028	\$4.780.586	(POC 440)
3 4	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE CALCULATED NET REVENUE	\$4,877,028 \$106,400,272	\$4,780,586 \$113,405,305	(\$96,442) \$7,005,033
	ONESSENTED HET REVENSE	V.00 , 100,2.12	\$110,100,000	V. 1000,000
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$106,400,269	\$113,405,335	\$7,005,066
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3	(\$30)	(\$33)
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	NTS_		
1	OHCA DEFINED GROSS REVENUE	£400,000,004	#040 000 000	#00.004.704
	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$183,998,991 \$0	\$212,323,692 \$0	\$28,324,701 \$0
-	CALCULATED GROSS REVENUE	\$183,998,991	\$212,323,692	\$28,324,701
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$183,998,961	\$212,323,722	\$28,324,761
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$30	(\$30)	(\$60)
				•
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN	<u>rs</u>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,801,231	\$4,172,458	\$371,227
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$80,468	\$75,774	(\$4,694)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,881,699	\$4,248,232	\$366,533
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,881,699	\$4,248,232	\$366,533
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2012** REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND **BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES** (1) (2)(3) **ACTUAL** FY 2012 LINE DESCRIPTION ACCRUED CHARGES AND PAYMENTS **INPATIENT ACCRUED CHARGES** A. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1 \$15.647.815 30,239,942 **MEDICARE** MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 14,050,362 **MEDICAID** 14,050,362 OTHER MEDICAL ASSISTANCE 5 0 CHAMPUS / TRICARE 323,493 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 989 974 TOTAL INPATIENT GOVERNMENT CHARGES \$44,613,797 TOTAL INPATIENT CHARGES \$60,261,612 В. **OUTPATIENT ACCRUED CHARGES** NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$70,042,640 **MEDICARE** 50,947,177 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 29,869,017 **MEDICAID** 4 29,869,017 OTHER MEDICAL ASSISTANCE 5 Ω CHAMPUS / TRICARE 1,203,246 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 3.653.944 TOTAL OUTPATIENT GOVERNMENT CHARGES \$82,019,440 TOTAL OUTPATIENT CHARGES \$152,062,080 C. TOTAL ACCRUED CHARGES TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) 1 \$85,690,455 TOTAL GOVERNMENT ACCRUED CHARGES 2 126.633.237 **TOTAL ACCRUED CHARGES** \$212,323,692 INPATIENT ACCRUED PAYMENTS D. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$7,925,362 17,000,400 MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 6,728,533 **MEDICAID** 6,728,533 OTHER MEDICAL ASSISTANCE 5 n 6 CHAMPUS / TRICARE 89,377 UNINSURED (INCLUDED IN NON-GOVERNMENT) 50,127 7 TOTAL INPATIENT GOVERNMENT PAYMENTS \$23,818,310 **TOTAL INPATIENT PAYMENTS** \$31,743,672 **OUTPATIENT ACCRUED PAYMENTS** E NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$41,781,318 2 **MEDICARE** 22,330,119 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 12,291,299 **MEDICAID** 12,291,299 OTHER MEDICAL ASSISTANCE 5 0 CHAMPUS / TRICARE 6 478,311 UNINSURED (INCLUDED IN NON-GOVERNMENT) 150,941 7 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$35,099,729 TOTAL OUTPATIENT PAYMENTS \$76,881,047 TOTAL ACCRUED PAYMENTS F. TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$49,706,680 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 58,918,039 TOTAL ACCRUED PAYMENTS \$108,624,719

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2012** REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (1) (2)(3) **ACTUAL** FY 2012 LINE **DESCRIPTION** II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA A. **ACCRUED DISCHARGES** NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1,425 1 **MEDICARE** 2,208 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 1,427 **MEDICAID** 1,427 OTHER MEDICAL ASSISTANCE 5 0 CHAMPUS / TRICARE 37 UNINSURED (INCLUDED IN NON-GOVERNMENT) 71 7 **TOTAL GOVERNMENT DISCHARGES** 3,672 TOTAL DISCHARGES 5,097 В. CASE MIX INDEX NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1.05430 1.14840 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 0.83000 **MEDICAID** 4 0.83000 OTHER MEDICAL ASSISTANCE 5 0.00000 CHAMPUS / TRICARE 0.54180 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 0.95210 **TOTAL GOVERNMENT CASE MIX INDEX** 1.01855 1.02855 TOTAL CASE MIX INDEX OTHER REQUIRED DATA C. TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES 1 \$85,690,455 ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES 2 \$49,706,680 (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE) 3 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$35,983,775 TOTAL ACTUAL DISCOUNT PERCENTAGE 4 41.99% 5 EMPLOYEE SELF INSURANCE GROSS REVENUE \$3,136,868 6 EMPLOYEE SELF INSURANCE ALLOWANCE \$52,012 UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT) \$0 CHARITY CARE 8 \$710,098 9 **BAD DEBTS** \$3,462,360 TOTAL UNCOMPENSATED CARE 10 \$4,172,458 TOTAL OTHER OPERATING REVENUE 11 \$6,224,434 TOTAL OPERATING EXPENSES 12 \$115,241,429

	DAY KIMBALL HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2012	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
	DESCRIPTION	ACTUAL <u>FY 2012</u>
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$108,624,71
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) OHCA DEFINED NET REVENUE	\$ \$108,624,71
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE CALCULATED NET REVENUE	\$4,780,58 \$113.405.30
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$113,405,33
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$212,323,69
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE	\$ \$212,323,69
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$212,323,72
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1 2	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,172,45
	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$75,77 \$4,248,2 3
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,248,23
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 **REPORT 650 - HOSPITAL UNCOMPENSATED CARE** (1) (2) (3) (4) (5) (6)ACTUAL **ACTUAL AMOUNT** % LINE DESCRIPTION FY 2011 FY 2012 DIFFERENCE DIFFERENCE Hospital Charity Care (from HRS Report 500) A. Number of Applicants 373 417 44 12% 2 Number of Approved Applicants 389 20% 324 65 **Total Charges (A)** \$446,519 \$710,098 \$263.579 59% 3 4 **Average Charges** \$1,378 \$1,825 \$447 32% Ratio of Cost to Charges (RCC) 5 0.584405 0.577798 (0.006607)-1% **Total Cost** \$260,948 \$410,293 \$149,345 57% 6 **Average Cost** 7 \$805 \$1,055 \$249 31% Charity Care - Inpatient Charges \$146,442 \$205,754 \$59,312 41% 8 Charity Care - Outpatient Charges (Excludes ED Charges) 9 144,713 277,713 133,000 92% 10 Charity Care - Emergency Department Charges 46% 155,364 226,631 71,267 11 **Total Charges (A)** \$446,519 \$710,098 \$263,579 59% Charity Care - Number of Patient Days 322 267 485% 12 55 13 Charity Care - Number of Discharges 46 242% 19 65 14 Charity Care - Number of Outpatient ED Visits 262 337 75 29% 15 Charity Care - Number of Outpatient Visits (Excludes ED Visits) 751 265 55% 486 Hospital Bad Debts (from HRS Report 500) В. **Bad Debts - Inpatient Services** \$601,277 \$516,441 (\$84,836) -14% Bad Debts - Outpatient Services (Excludes ED Bad Debts) 484,823 2 767,121 1,251,944 63% 3 Bad Debts - Emergency Department 1.986.314 1.693.975 (292.339) -15% 4 Total Bad Debts (A) \$3,354,712 \$3,462,360 \$107,648 3% Hospital Uncompensated Care (from HRS Report 500) C. 59% 1 Charity Care (A) \$446,519 \$710,098 \$263,579 2 Bad Debts (A) 107,648 3% 3,354,712 3,462,360 **Total Uncompensated Care (A)** 3 \$3,801,231 \$4,172,458 \$371,227 10% 4 **Uncompensated Care - Inpatient Services** \$747,719 -3% \$722,195 (\$25,524) 5 Uncompensated Care - Outpatient Services (Excludes ED Unc. Care) 1,529,657 617,823 68% 911,834 Uncompensated Care - Emergency Department 2,141,678 1,920,606 (221,072)-10% 6 **Total Uncompensated Care (A)** \$3,801,231 \$4,172,458 \$371,227 10% (A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

	Total Discount Percentage	39.22%	41.99%	2.78%	79
	Total Accrued Payments (A)	\$47,103,685	\$49,706,680	\$2,602,995	6'
2	Total Contractual Allowances	\$30,390,483	\$35,983,775	\$5,593,292	18'
1	Total Gross Revenue	\$77,494,168	\$85,690,455	\$8,196,287	119
	COMMERCIAL - ALL PAYERS				
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	DECODIDATION	ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	% DIFFEDENCE
		FY 2011	FY 2012		
(1)	(2)	(3)	(4)	(5)	(6)
		L NON-GOVERNMENT GROSS RE CCRUED PAYMENTS AND DISCO	·	ALLOWANCES,	
	DEDORT COE LIOCRITA	FISCAL YEAR 2		ALLOWANCES	
		TWELVE MONTHS ACTUA			
		DAY KIMBALL HOSP	IIAL		

(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2012** REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (2) (1) (3) (4) (5) ACTUAL ACTUAL **ACTUAL** LINE **DESCRIPTION** FY 2010 FY 2011 FY 2012 **Gross and Net Revenue** A. Inpatient Gross Revenue \$54,120,232 \$55,847,199 \$60,261,612 1 2 Outpatient Gross Revenue \$114,726,860 \$128,151,792 \$152,062,080 3 Total Gross Patient Revenue \$168,847,092 \$183,998,991 \$212,323,692 Net Patient Revenue \$100,651,954 \$106,400,269 \$113,405,335 В. **Total Operating Expenses** 1 Total Operating Expense \$100,411,939 \$108,436,817 \$115,241,429 C. **Utilization Statistics** Patient Days 18,876 18,418 18,484 5,202 5,182 5,097 2 Discharges 3 Average Length of Stay 3.6 3.6 3.6 60,682 Equivalent (Adjusted) Patient Days (EPD) 58,890 65,126 4 16,229 17,073 17,959 0 Equivalent (Adjusted) Discharges (ED) **Case Mix Statistics** D. 0.91368 0.98940 1.02855 1 Case Mix Index 17,247 18,223 19,012 2 Case Mix Adjusted Patient Days (CMAPD) 3 Case Mix Adjusted Discharges (CMAD) 4,753 5,127 5,243 Case Mix Adjusted Equivalent Patient Days (CMAEPD) 53,807 60,038 66,985 Case Mix Adjusted Equivalent Discharges (CMAED) 14,829 16,892 18,471 5 E. **Gross Revenue Per Statistic** 1 Total Gross Revenue per Patient Day \$8,945 \$9,990 \$11,487 2 Total Gross Revenue per Discharge \$32,458 \$35,507 \$41,657 Total Gross Revenue per EPD \$2,867 \$3,032 \$3,260 3 4 Total Gross Revenue per ED \$10,404 \$10,777 \$11,823 Total Gross Revenue per CMAEPD \$3,138 \$3,065 \$3,170 Total Gross Revenue per CMAED \$11,387 \$10,893 \$11,495 6 7 Inpatient Gross Revenue per EPD \$919 \$920 \$925 Inpatient Gross Revenue per ED \$3,335 \$3,271 \$3,356

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2012** REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (2) (1) (4) (5) (3) ACTUAL ACTUAL **ACTUAL** LINE **DESCRIPTION** FY 2010 FY 2011 FY 2012 **Net Revenue Per Statistic** F. \$5,777 Net Patient Revenue per Patient Day \$5,332 \$6,135 2 Net Patient Revenue per Discharge \$19,349 \$20,533 \$22,249 3 Net Patient Revenue per EPD \$1,709 \$1,753 \$1,741 Net Patient Revenue per ED \$6,202 \$6,232 \$6,315 4 5 Net Patient Revenue per CMAEPD \$1,871 \$1,772 \$1,693 Net Patient Revenue per CMAED \$6,788 \$6,299 \$6,140 G. Operating Expense Per Statistic \$5,320 Total Operating Expense per Patient Day \$5,888 \$6,235 1 \$19,303 \$20,926 \$22,610 2 Total Operating Expense per Discharge Total Operating Expense per EPD \$1,705 3 \$1,787 \$1,770 Total Operating Expense per ED \$6,187 \$6,351 \$6,417 4 Total Operating Expense per CMAEPD \$1,866 \$1,806 \$1,720 5 Total Operating Expense per CMAED \$6,419 \$6,239 6 \$6,772 H. Nursing Salary and Fringe Benefits Expense Nursing Salary Expense \$15,382,127 \$16,321,836 \$16,633,835 1 2 Nursing Fringe Benefits Expense \$4,566,728 \$5,178,948 \$5,673,578 \$21,500,784 \$22,307,413 Total Nursing Salary and Fringe Benefits Expense \$19,948,855 I. Physician Salary and Fringe Expense 1 Physician Salary Expense \$3,398,414 \$4,033,097 \$3,748,829 Physician Fringe Benefits Expense \$1,008,939 \$1,267,584 \$1,278,675 2 Total Physician Salary and Fringe Benefits Expense \$4,407,353 \$5,300,681 \$5,027,504 3 J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense Non-Nursing, Non-Physician Salary Expense \$26,861,137 \$29,275,732 \$30,660,397 1 2 Non-Nursing, Non-Physician Fringe Benefits Expense \$7,974,678 \$9,301,366 \$10,457,849 Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense \$34.835.815 \$38.577.098 \$41,118,246 K. **Total Salary and Fringe Benefits Expense** 1 Total Salary Expense \$45,641,678 \$49,630,665 \$51,043,061 Total Fringe Benefits Expense \$13,550,345 \$15,747,898 \$17,410,102 2 Total Salary and Fringe Benefits Expense \$59,192,023 \$65,378,563 \$68,453,163

DAY KIMBALL HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012** REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (2) (1) (4) (3) ACTUAL ACTUAL **ACTUAL** LINE **DESCRIPTION** FY 2010 FY 2011 FY 2012 Total Full Time Equivalent Employees (FTEs) L. Total Nursing FTEs 248.0 259.3 274.2 1 2 Total Physician FTEs 15.4 18.1 16.1 3 Total Non-Nursing, Non-Physician FTEs 511.4 525.4 545.1 774.8 802.8 835.4 Total Full Time Equivalent Employees (FTEs) Μ. Nursing Salaries and Fringe Benefits Expense per FTE 1 Nursing Salary Expense per FTE \$62,025 \$62,946 \$60,663 Nursing Fringe Benefits Expense per FTE \$18,414 \$19,973 \$20,691 2 3 Total Nursing Salary and Fringe Benefits Expense per FTE \$80,439 \$82,919 \$81,355 N. Physician Salary and Fringe Expense per FTE Physician Salary Expense per FTE \$220,676 \$222,823 \$232,847 1 Physician Fringe Benefits Expense per FTE \$65,516 \$70,032 \$79,421 2 Total Physician Salary and Fringe Benefits Expense per FTE \$286,192 \$292,855 \$312,267 3 Ο. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE Non-Nursing, Non-Physician Salary Expense per FTE \$52,525 \$55,721 \$56,247 1 Non-Nursing, Non-Physician Fringe Benefits Expense per FTE \$17,703 \$19,185 \$15,594 Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE 3 \$68,119 \$73,424 \$75,432 P. Total Salary and Fringe Benefits Expense per FTE Total Salary Expense per FTE \$58,908 \$61,822 \$61,100 1 Total Fringe Benefits Expense per FTE \$17,489 \$19,616 \$20,840 2 Total Salary and Fringe Benefits Expense per FTE \$76,397 \$81,438 \$81,941 3 Total Salary and Fringe Ben. Expense per Statistic Total Salary and Fringe Benefits Expense per Patient Day \$3,550 \$3,703 \$3,136 \$12,616 \$13,430 2 Total Salary and Fringe Benefits Expense per Discharge \$11,379 3 Total Salary and Fringe Benefits Expense per EPD \$1,005 \$1,077 \$1,051 \$3,812 Total Salary and Fringe Benefits Expense per ED \$3,647 \$3,829 4 Total Salary and Fringe Benefits Expense per CMAEPD \$1,100 \$1,089 \$1,022 5

\$3,992

\$3,870

\$3,706

Total Salary and Fringe Benefits Expense per CMAED